

REPORT & EVALUATION OF THE
CAPS¹ HAURAKI
RIGHT 2 B SAFE CHILD SEXUAL
ABUSE PRIMARY PREVENTION
CAMPAIGN 2011-2012

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EXECUTIVE SUMMARY

In June 2011, CAPS Hauraki was awarded funding from the Ministry of Justice² to run a primary Prevention campaign focusing on the sexual abuse of 5-12 year olds in the Hauraki and Thames Coromandel District Council Territorial Land Authorities. The aims of the project were:

1. To produce a poster campaign to raise awareness and change attitudes and behaviours about child sexual abuse across the target community³ as well as increasing knowledge about the support services available in this field;
2. To resource local social service agencies working with inquiries related to sexual abuse generated by the campaign.

Two theoretical models have been used to guide this project. These are the Ecological Model⁴ and the Community Readiness Model⁵ of social change. Application of the Community Readiness Model indicates that the communities of Hauraki and Coromandel are in the Denial and Vague awareness stages of mobilisation about child sexual abuse prevention.

Carers and other adults with the responsibility for children were identified as the target audience for the poster from the survey of local agencies working with families and young children as well as from the scoping of local and international child sexual abuse primary prevention programmes.

The campaign included:

1. Resourcing local communities and social services agencies through:
 - Development and distribution of a poster in consultation with local communities throughout Hauraki and Coromandel.

²Ministry of Justice - TAUIWI AND BI-CULTURAL SEXUAL VIOLENCE PRIMARY PREVENTION INITIATIVES FUND

³ The target community for the project is people living in the Hauraki and Thames Coromandel District Council Territorial Land Authorities

⁴ 'Creating Change: For People Working To Prevent Family Violence in New Zealand', published by the Ministry of Social Development, Wellington (2011)

⁵ Edwards R. et al., 2000

- A Dealing with Disclosures Training for library staff, CAPS staff and representatives from local community agencies.
- Producing and distributing a kit for workers dealing with enquiries about child sexual abuse (including where there is current risk, historical abuse, possible offending behavior, or prevention queries).
- Developing a specialist sexual services directory, developing an ACC Counsellors list including information about surcharges, modalities etc.
- Working with local libraries to increase the number and quality of self help books available for prevention and healing from child sexual abuse.
- Producing a booklist / website list of recommended books and websites and distributing to all local GP's and libraries and some social services.
- The evaluation and focus group tools used to develop and assess the project.

2. Raising awareness of child sexual abuse prevention and response through:

- a. The creation and distribution of resources for local services and communities in Hauraki and Coromandel regions including:

DISTRIBUTION OF POSTERS, RESOURCE KITS, BOOKLISTS AND STICKERS	
POSTERS	A3 - 350 distributed from 400 printed
	A4 - 350 distributed from 400 printed
RESOURCE KITS	100 distributed from 120 created
BOOKLISTS	900 distributed from 1200 printed
DIARY STICKERS	200 all distributed

- b. Increasing information about child sexual abuse prevention in local communities through:
- Nuggets of information about child sexual abuse being published in majority of local school's newsletters each week of term 3.
 - Articles in local newspapers and broadsheets
 - A short radio documentary series on local radio
 - Presentations to local councils, mental health, alcohol and drug, child mental health teams, schools etc.

- Displays in malls, Work and Income, main streets and shop windows etc.
 - A community launch of the poster and library pilot project.
 - Contacting all health service providers/ GPs to offer resources and inform about the project.
3. Working with local Hauraki District Council and Thames Coromandel District Libraries to pilot a 'Turn the Page'⁶-type project with the sole focus of child sexual abuse.

Evaluation

The project was evaluated using the Logic Model. Evaluation tools were built into the project at several stages throughout the project and included:

- National scoping of the use of posters by sexual abuse service providers.
- Initial survey of local social services (to ascertain community readiness, agency and community resources).
- Focus groups to develop the posters (including social services, and teacher/parents).
- Follow up surveys of social services to ascertain community awareness, changes to resourcing of services.
- Street surveys in two communities across Hauraki and Coromandel to ascertain community awareness.

Results

Due to the fact that there was only 6 weeks between the launch of the campaign and the evaluation, it is difficult to accurately gauge the full impact of the Right 2B Safe campaign. Within the timeframe of the campaign the following results were achieved:

- The campaign appears to have correctly identified the attitudes about child sexual abuse that predominate in Coromandel and Hauraki and that have a resonance with a community ready to make changes.
- The results of the street surveys suggest that the nearly 800 posters and 900 booklists distributed throughout the area, media work, displays and other work publicising the poster campaign, has contributed toward a raised awareness about sexual abuse issues among the general community.

⁶ <http://www.pukeariki.com/Libraries/TurnthePage.aspx>

- Exactly half of the respondents in the street survey recalled seeing the poster previously with most stating that this was in a public place although a lesser number had seen it displayed in a social service agency.
- The majority of the public surveyed supported the campaign and thought the posters were clear and meaningful.
- Most respondents in the street survey were aware of a local support service to help with child sexual abuse prevention and support.
- The number of issues (of books) from local libraries and the anecdotal evidence related by librarians support the hypothesis that the library contribution to the project has been extremely successful.
- One library also noted that the placement of the display significantly affected the number of issues and uptake of booklists.
- Among those who had received the Resource Kit, all reported a high degree of satisfaction and expected to make extensive use of it.
- Most attendees of the Dealing with Disclosures Training found the training improved their understanding and increased their confidence in dealing with disclosures of child sexual abuse.
- Just under half of the local agencies surveyed indicated that there had been some change in their own organisation since the initiation of the campaign. The most significant of these being an agency which created a new internal process for managing client enquiries.
- Most of the local services surveyed saw no increase in referrals or networking about child sexual abuse over the period of the campaign. One service saw a definite increase in calls about child sexual abuse.
- Five of the 18 local agencies who responded to the survey reported positive feedback from their communities including disclosures prompted by the posters.
- The focus groups consulted throughout the development of the poster were key for local buy-in to the project and assisted in distributing posters and resources throughout the local communities.

Next steps

The next stage of the project is to deepen the local communities' awareness of strategies and to look at continuing to build on the prevention movement initiated by the first stage of the project.

INTRODUCTION

In June 2011, CAPS Hauraki was awarded funding from the Ministry of Justice⁷ to run a primary Prevention campaign focusing on the sexual abuse of 5-12 year olds in the Hauraki and Thames Coromandel District Council Territorial Land Authorities.

This report is an account of that project and an evaluation of its impact over the period of July 2011- July 2012.

DEFINITION

The definition of child sexual abuse used throughout this report is as follows:

‘Child sexual abuse occurs when a person uses a child for their sexual purpose or pleasure. Usually, the person will be older, stronger or in some way seem to the child to be more powerful than them. The abuse may involve touch or exposing the child to sexual talk, pictures, or actions’.⁸

AIMS OF THE PROJECT

The aims of the project are:

1. To produce a poster campaign to raise awareness and change attitudes and behaviours about child sexual abuse across the target community⁹ as well as increasing knowledge about the support services available in this field;

⁷Ministry of Justice - TAUIWI AND BI-CULTURAL SEXUAL VIOLENCE PRIMARY PREVENTION INITIATIVES FUND

⁸ - We Can Keep Safe Resource Book, Auckland Sexual Abuse Help, pg 44, 2011.

⁹ The target community for the project is people living in the Hauraki and Thames Coromandel District Council Territorial Land Authorities

2. To resource local social service agencies working with inquiries related to sexual abuse generated by the campaign.

PROJECT TEAM

The project team included Rachel Harrison and Joy Arthur. Rachel was employed for 8 hours a week in the role of project leader and Joy was employed for 5 hours a week as evaluator.

DESIGN OF THIS REPORT

The first section of this report looks at the rationale for the project by briefly discussing the impact of child sexual abuse for society as a whole, and examining the results of a web search of international child sexual abuse primary prevention programmes for those that have used posters in their campaigns. Section One also looks at the two theoretical models used in the development of the campaign and the model used in the evaluation of the outcomes or aims of the project.

Section Two of this report summarizes the results of the questionnaire to social service agencies working in the families with younger children, and explains how these responses were used in the development of a poster to raise community awareness and a resource kit for agency use. It also examines the other contributing factors in the development of the poster, including the feedback from expert consultants and focus groups.

Section Three examines the involvement of the local libraries in the project. This section also includes an account of the publicity and logistics surrounding the launch of the campaign featuring the poster and the distribution of the poster, resource kit and library book lists.

Section Four begins with the results of the various evaluation tools used to assess the effectiveness of the project. These are the street surveys in Thames and Whangamata, the second survey of local social service agencies, and statistics returned from the library. The second part of this section evaluates these findings in relation to the aims of the project. It does this by examining the effectiveness of the poster in raising awareness about child sexual abuse, and the resourcing of the agencies to meet inquiries generated by the increased awareness.

SECTION ONE – RATIONALE AND DESIGN OF PROJECT

PROJECT RATIONALE

Although no definitive data exists on the number of children who experience sexual abuse in New Zealand, it is estimated to impact 1 in 3 girls and 1 in 6 boys (Botash Ann MD, Pediatric Annual May 1997). Research suggests that this number may actually be considerably higher as statistics only reflect those who choose to talk about it; for example, an American study found that just 7.5% of cases of child sexual abuse were ever officially reported (Anderson, J. et al., 1993). The TOAH-NNEST Briefing Paper to the Incoming Government (Dec 2011) states that in New Zealand over 90% of sexual offences go unreported with sexual assault victims the least likely of victims to report to Police.

Julich's 2004 Paper to the 3rd Biennial Conference of Australian and New Zealand Association For the Treatment of Sexual Abusers (April 14-17, Auckland) estimates that the cost of child sexual abuse in New Zealand is around \$2.6 billion per year. These costs include those specific to the individuals involved and costs paid on behalf of the survivor and offender including health, welfare and legal costs.

Child sexual abuse also has both long and short term repercussions for survivors that are more difficult to quantify. These include depression, increased risk of substance abuse and eating disorders, high risk sexual behaviour and interpersonal difficulties for the victims themselves as well as generational consequences including a greater risk of poor parenting (Morrison et al., 2007, Mullen et al., 1994, Petrak J., 2002).

POSTER LITERATURE REVIEW

The media, in its many forms, plays an important role in influencing community attitudes and behaviours toward many social issues including child sexual abuse. In the Australian Child Abuse Prevention Newsletter (Winter 2002), Saunders B. and Goddard point out that media campaigns can place the issue on the community's

agenda and change social norms, as well as directing individuals to sources of assistance and further information¹⁰.

A web search of international child sexual abuse primary prevention programmes using the media revealed a predominate focus on film clips rather than posters. An example is the Hero Project with the poignant message “Last night, his childhood was kissed, touched, and fondled goodbye” at the end of a short film of a very young child playing alone¹¹. The message in this clip and in others on the same site is direct and emotive. Not all sites rely on shock value to convey their message though. There are many examples of websites with film clips that feature educational messages on preventing child sexual abuse that are informative rather than confronting¹².

Around a quarter of the websites located incorporated posters along with film clips, although not all of these focused on primary prevention alone. The site www.MyStrength.org used posters, postcards, buddy icons, screensavers, and radio commercials to send a message to young men that sexual activity must be mutually agreed on. These posters were bright and colourful photographs of teenage couples with short, pertinent messages such as ‘So when she wanted me to stop. I Stopped’.

At the time of the search, there were also a variety of resources, including posters, available from sites like www.stopitnow.org targeting both parents and perpetrators with hard hitting messages aimed to influence attitudes and behaviours as well as increasing the knowledge base of parents.

The international websites that use posters as one of the means to convey child sexual abuse prevention messages were more likely to have a primary health focus if they were part of a country or district-wide campaign such as the posters used in schools in southern India¹³. Posters with a primary prevention focus were also a part of National Child Abuse Prevention Month in America¹⁴. On the whole, posters

¹⁰ www.aifs.gov.au/nch/pubs/issues/issues16/issues16.html

¹¹ www.hero-project.org/

¹² www.childsexualabuseinindia.blogspot.com/

¹³ www.womensenews.org/story/education/110515/abuse-posters-help-indian-schoolgirls-speak

¹⁴ www.channing-bete.com/human-services/child-abuse-prevention-month.html

with a primary prevention focus promote social norms based on healthy relationships and sexuality and challenge those social and cultural factors that enable sexual violence.

Only one poster campaign found online provided an evaluation of its effectiveness¹⁵. This was the 'Know When to Use Your Pause button' Poster Campaign by the New York City Alliance Against Sexual Assault targeting 11 to 13 year old boys. This poster aimed at eliciting discussion on how to change attitudes that could contribute to sexual assault as the boys mature. Surveys and focus groups indicated that the poster was effective in shifting decision making styles for a significant number of the boys. The language and the imagery were familiar to this age group and were identified as contributing to their decision to stop and think before taking action.

The Australian Government's National Child Protection Clearinghouse looked at the characteristics and effectiveness of 21 social marketing campaigns¹⁶. Most of these campaigns aimed at generating attitudinal and behavioural change, with the most common primary target being parents followed closely by a wider community target audience.

Although not all the media campaigns that were reviewed included posters, several key points that contribute to the effectiveness of any child abuse prevention message, no matter what its format, can be extrapolated from them.

The campaigns considered to be most likely to bring about individual behaviour change had direct, straight forward messages that their target audience could relate to and very clear information about where to get help. Campaigns used both hard-hitting, that is emotive or shocking messages, as well as comments framed in a positive, encouraging way or 'soft' content. Opinion was divided as to which approach was most effective.

LOCAL POSTER PROGRAMMES

¹⁵ www.svfreenyc.org/research_communications_2.html

¹⁶ www.aifs.gov.au/nch/pubs/issues/issues32/issues32b.html

Twenty-eight New Zealand-wide specialist sexual abuse prevention and response service providers¹⁷ were initially contacted by email. The project team briefly explained the project and asked if they used posters as part of any presentation they delivered on child sexual abuse prevention. The emails were followed up by telephone calls. A total of 15 providers responded, with only one of these services using posters as part of a child sexual abuse prevention presentation. Almost all of the providers focused on handouts rather than posters, with the exception of a Rape Crisis agency who identified posters as playing an important role in national campaigns.

The key to the success of the posters, in the view of the aforementioned respondent from Rape Crisis, was their colourful nature and a message that attracted attention at first glance. This message was effective because it was something out of the ordinary with some shock value and stimulated the viewers' interest in the subject matter.

MODELS GUIDING THE PROJECT

Two theoretical models have been used to guide this project. These are the Ecological Model¹⁸ and the Community Readiness Model¹⁹ of social change.

The role played by the first of these models, the Ecological Model, is described in 'Creating Change: For People Working To Prevent Family Violence in New Zealand', published by the Ministry of Social Development, Wellington (2011). This model aims to coordinate prevention activity across individual, family/whanau, local community and national levels using a variety of strategies and resources to increase the likelihood that goals will be achieved across all the levels. In this project the poster is the primary medium through which the message about child sexual abuse prevention is conveyed to the community as a whole, with the added

¹⁷ The list of 28 providers was obtained from the Rape Prevention Education Website and included services in both the North and South Islands.

¹⁸ 'Creating Change: For People Working To Prevent Family Violence in New Zealand', published by the Ministry of Social Development, Wellington (2011)

¹⁹ Edwards R. et al., 2000

strategies of resourcing local agencies and publicity that reaches out primarily to both local communities.

The second model, the Community Readiness Model, introduces stages of community readiness that begin with no awareness of an issue and move through six more sequential stages²⁰ to a state of detailed and sophisticated knowledge. Each of these stages has a goal and strategies that can be used as interventions, thereby facilitating movement to the next stage.

An initial survey of local social service providers working with families with young children is used in the project to identify the stages of community readiness in relation to attitudes toward child sexual abuse in their communities. Local communities were identified as being in the 'Denial' and 'Vague' awareness. These stages are described in detail below:

"Denial

Goal: Raise Awareness That the Problem or Issue Exists in the Community.

Strategies: Continue one-on-one visits and encourage those you've talked with to assist. Discuss descriptive local incidents related to the issue. Approach and engage local education/health outreach programs to assist in the effort with flyers, posters, or brochures. Begin to point out media articles that describe local critical incidents. Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc. Present information to community groups."

"Vague Awareness

Goal - Raise Awareness that the community can do something about the problem.

Strategies - Present information at local community events and to unrelated community groups. Post flyers, posters, and billboards. Begin to initiate your own events (pot lucks, potlatches, etc.) to present information on the issue. Conduct informal local surveys/interviews with community people by phone or door to door. Publish newspaper editorials and articles with general information - but relate information to local situation."

EVALUATION

²⁰ The six stages of community readiness are outlined in the appendix. They include No Awareness, Denial, Vague Awareness, Preplanning, Preparation, Initiation, Stabilization, Confirmation/Expansion, Professionalization

A key part of the project is the extent to which the outcomes or aims and objectives are accomplished. This is assessed by means of an evaluation.

The evaluation of this project will be conducted on two levels. The first level assesses whether the project has had a positive impact in raising the awareness of individuals in the community about child sexual abuse prevention and of the support services available. The second level of evaluation focuses on the social service agencies and asks whether their capacity to respond to enquiries about child sexual abuse has been enhanced by the project. These aspects of the evaluation are structured using the Logic Model²¹.

One of the advantages of this model is the way in which it clearly demonstrates the inter-connectedness between the sequence of cause and effect relationships that make up the path toward a desired result or outcome. The Logic Model also allows us to record the role of partnerships critical to the outcomes, and as such fits well with the involvement of social service agencies and other organizations (such as the district libraries) in the campaign.

The evaluation process as it applies to this project is explained further in the 'Logic Model Evaluation' Flowchart below.

²¹ www.innonet.org/client-docs/File/logic-model-workbook

AIMS OF PROJECT AND STAKEHOLDERS	EVALUATION TOOLS	SHORT TERM OUTCOME	ANTICIPATED LONGER TERM OUTCOME
<p>1. Raise awareness of child sexual abuse and of support agencies available in Thames-Coromandel and Hauraki areas by means of a poster.</p> <p>Stakeholders: A)Social Support Agencies</p>	<p>Initial survey of capacity as well as preferences for poster focus. After launch, survey of satisfaction with poster and record of calls.</p>	<p>Poster reflects aspects of agency views. Increase in enquires post launch.</p>	<p>Reprint of this poster and development of educative poster series with agency input.</p>
<p>B)Parents</p>	<p>Focus Group Surveys</p>	<p>Improved targeting of poster and parents investment in project.</p>	<p>Awareness raised, attitude and behaviour change.</p>
<p>C)Wider Community</p>	<p>Street Surveys Access to resources held by Library.</p>	<p>Respondents have viewed poster and can identify support agencies. Increase in issues and general enquiries on topic area.</p>	<p>Awareness raised and community works alongside agencies. Library continues to develop resources on topic area.</p>
<p>2. Resource agencies to meet broad range of enquiries about child sexual abuse.</p> <p>Stakeholder: Agencies</p>	<p>Resource Pack Satisfaction Survey Record of enquiries with child sexual abuse component to contrast with initial survey results.</p>	<p>Increase in information held by agencies on child sexual abuse prevention and treatment. Increase in enquiry level and/or referral to appropriate services.</p>	<p>Well-resourced service delivery with potential for ongoing supportive networking between agencies.</p>

SECTION TWO

This section of the report is written in a narrative style using the Logic Model to encompass the inter-connectedness of the various aspects of the campaign. It begins with a summary of the results of the initial agency survey. These results are then related to the development of the poster in the first instance, and then to the development of the Resource Kit. Other contributing factors in the development of both these resources are also examined in this section.

INITIAL LOCAL SERVICES QUESTIONNAIRE

One of the initial actions in the project was a survey of 23 social service providers working with children and families in the Coromandel and Hauraki regions. A majority of the agencies surveyed were generalist services working in this field, rather than specialist sexual violence services. The questionnaires were administered in person with three exceptions where respondents were unavailable for face to face interviews. Four worksheets were produced from a meeting held with Public Health Nurses and District Nurses to gather their responses to the questionnaire. This was conducted in a group setting as a majority of the participants worked in different communities across the regions. The majority of the questions were open-ended to encourage respondents to expand on their answers and quotations from these are included in the full account of the results of the questionnaire in the appendix to this report.

FORMAT OF QUESTIONNAIRE

The first part of the questionnaire focused on organizational issues, including how frequently respondents saw clients with enquiries related to sexual abuse, the time frame they stayed involved, the resources available to workers, and the agencies they most frequently networked with about these issues. Responses from the questionnaire were used to develop the poster and to produce the Resource Kit for agencies that is described later in this section. The responses that are not discussed in this section are compared with the results of the second survey of the same agencies and examined in the evaluation section of the report. This is to ascertain if any changes have occurred in organizational matters or in the number of

client enquiries with a sexual abuse component in the period from the launch of the campaign in mid-June to the end of July 2012.

RESULTS

Results of the first part of the survey showed that disclosures are a regular part of client contact for around half of the respondents. This may not be well known as respondents' reported that disclosures are rarely separated out from other categories used in record keeping by generalist agencies. These respondents said they had both long and short term engagement with clients who have disclosed sexual abuse, and this depended on client need and their agency funding contracts.

The child sexual abuse resources most frequently used by agencies are written materials and handouts on prevention and healing, followed closely by particular staff who have had training in this field. Written resources were considered to be particularly useful for clients and many respondents expressed a desire for a larger variety of written material, as well as up to date training for staff. Some respondents also saw a need for a local sexual abuse support agency to co-ordinate existing services and to provide support materials and facilitate training.

The agencies that respondents worked with most frequently were CAPS and CYFS as well as the Police, ACC Counsellors and Relationship Services (now Relationship Aotearoa). Many respondents would like to build on existing networks and services and some suggested that joint community education programmes with a child sexual abuse prevention focus could be helpful in raising community awareness about these issues.

Respondents reported that the majority of the agencies and organizations they represented have written policies, with the most frequently identified content being mandatory reporting of child sexual abuse. Most respondents were also able to describe the procedures they would follow if sexual abuse was reported to them. In their most simplistic form, these procedures involved referral where abuse is current and counselling where it is historic. Most staff appeared to be well supported after a disclosure, and a significant number have the opportunity to discuss the impact of a disclosure with their supervisor or with other staff within the agency.

Most respondents had some training in sexual abuse prevention or treatment while obtaining their professional qualifications or later as part of professional development, although some pointed out that this training was very generalist.

Around half of the respondents also have ongoing training in their present role although almost as many found both funding and staffing logistics in small agencies prevented them from keeping as up-to-date with training in this field as they would have liked.

Part two of the questionnaire focused on the attitudes and needs of local communities in regard to child sexual abuse prevention and in particular identifies the target audience for the poster and the message and layout preferred by respondents.

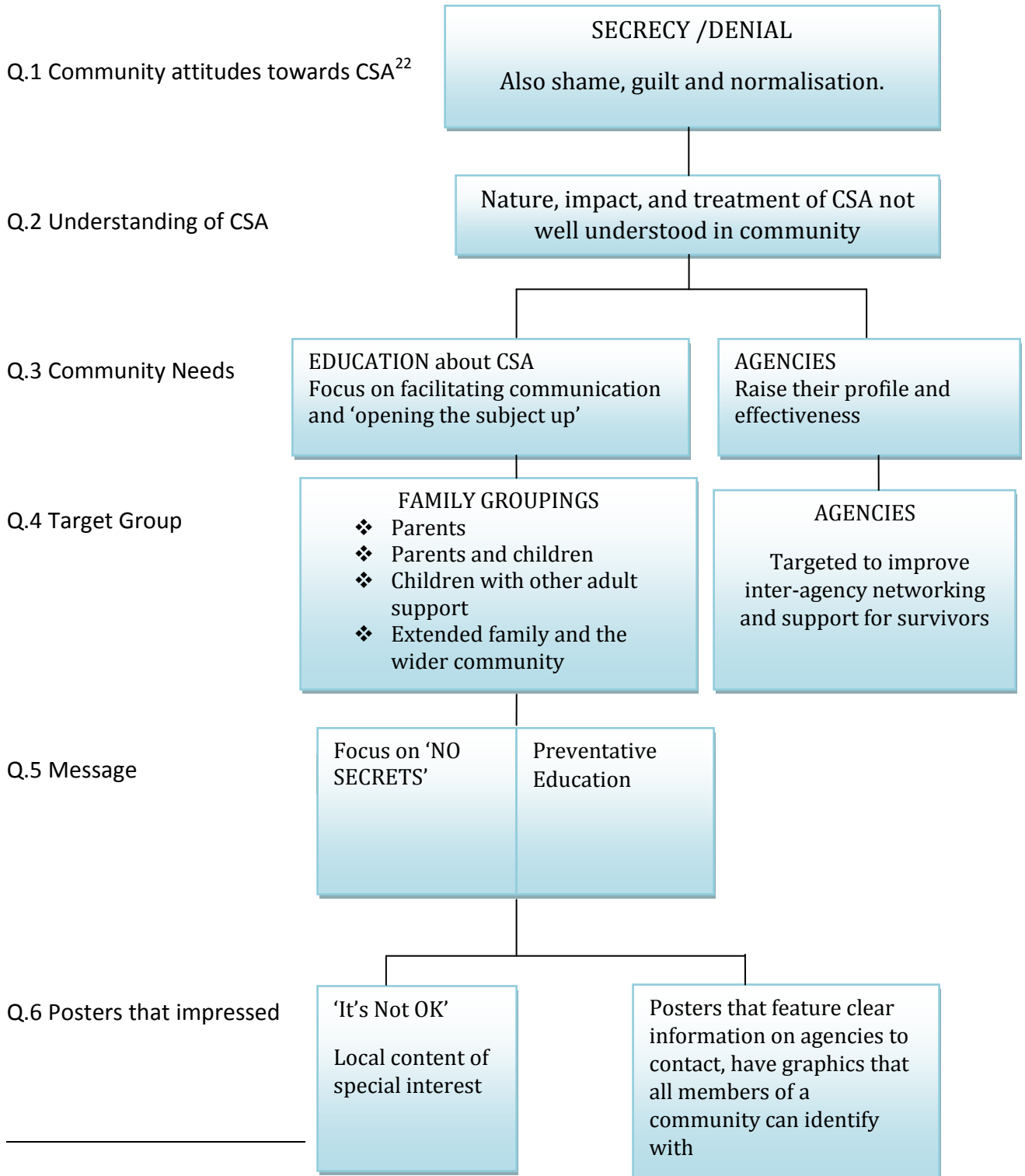
Almost all of the respondents felt that there was an aura of secrecy or denial surrounding sexual abuse matters in their community. There were a variety of reasons suggested by respondents for the secrecy with predominate belief systems in the communities involving both shame and the normalisation of child sexual abuse. Respondents felt that these belief systems could be addressed by raising the profile of sexual abuse support services and educating the community about the issue.

Respondents saw parents and caregivers, or parents and children as suitable target groups for any campaign addressing child sexual abuse. They were divided between those respondents who felt that the focus of any campaign should be on prevention with an educative focus, and those who wanted to address community attitudes of secrecy and denial.

Posters that impressed respondents were those with a simple design and straight forward messages. In particular local posters like those used in the 'It's Not OK in Waihi' family violence campaign with engaging photographs of local identities and clear information about where to go for support.

The input from the questionnaires that relate to the poster have been summarized in a flowchart format below.

FLOWCHART OF INITIAL AGENCY RESPONSE FOR POSTER DEVELOPMENT



²² CSA is used throughout this report to represent Child Sexual Abuse

POSTER DEVELOPMENT

The poster development process was as follows:

The team initially produced a series of 7 draft posters using information extracted from scoping local and international sexual abuse prevention programmes²³, the initial agency questionnaires, and advice from expert consultants. Further discussion amongst team members, national experts, and with CAPS management reduced these drafts to three options that were emailed to all the local agencies initially surveyed and a small team of national for their input. Eighteen local agencies responded with feedback about their preference. Agency members who responded with opinions were considered to be the first focus group. The two draft posters that were selected using this process were then referred to a focus group made up of parents and teachers.

The final version of the poster was developed after further consultation with the second focus group²⁴, expert input and at design level.

EXPERT CONSULTANTS

One source of information that contributed toward the draft posters was feedback from a variety of experts in the child sexual abuse prevention and response field from both local and national backgrounds. This group was made up of 7 experts who were nationally based and 7 local sources.

The national experts included individuals with social marketing experience who had worked on national campaigns, or co-ordinated national services, as well as the clinical manager of a specialist sexual violence service. The 7 local experts were well established in their respective health and social service fields and included a supervisory team from CAPS, local ACC²⁵ counsellors, service providers, and

²³ A detailed discussion of the local and international scoping is available in the poster literature review in section one of this report.

²⁴ The second focus group was made up of 8 parents and teachers from a local school's Parent Teacher Focus Group (PTA)

²⁵ Accident Compensation Corporation Sensitive Claims Counsellors

representatives from the Hauraki Family Violence Intervention Network's²⁶ Sexual Violence Project Group.

Various combinations of the expert group were consulted on their preferences right throughout the development of the poster.

FOCUS GROUP FEEDBACK

This part of the report contains the input from the agencies who took part in the first focus group made up of local agencies and then moves on to the feedback from the second group involved in the development of the poster.

AGENCY FEEDBACK ON DRAFT TWO OF POSTERS

A total of 18 of the agency respondents replied to the email with the second draft of the posters sent to them. Ten CAPS staff members also gave feedback. The returns were adjusted so that the returns from CAPS had the same weighting as those from the individual agencies.

Poster one headed 'Grownups can change our world' featured photographs of children's faces expressing emotions ranging from happy to pensive (see figure 1). This poster received 7 votes.

Poster two headed 'Our community can change their world' and with the same photographs (Figure 2) as poster one received 7.25 votes.

Grown ups can change our world!



FIGURE 1. POSTER ONE - DRAFT TWO OF POSTER

Our Community can change their world!



FIGURE 2. POSTER TWO - DRAFT TWO OF POSTER

²⁶ Note that the project leader was also coordinator of the Hauraki Family Violence Intervention Network and so was able to utilise existing contacts to consult..

Poster 3 was headed 'Stopping child sexual abuse is everybody's business' and featured the information '1 in 3 girls and 1 in 6 boys are sexually abused before they are 16' with stick figures of children representing these statistics (see Figure 3). This choice got 3 votes. In regard to Poster 3, it should be noted that this poster received the most individual votes from within the agencies although almost all respondents expressed a preference for something other than stick figures in the poster. On all the posters the words 'Child sexual abuse is not OK! Break the silence', ran across the bottom of the page.

Feedback on Poster 1 and 2 from the focus group suggested that these posters should be combined. Poster 3 was retained at this stage of the process because of the importance placed by the group on the inclusion of the statistic about child sexual abuse.

PARENT & TEACHER FEEDBACK

Consultation with the experts emphasized the importance of testing with a focus group of parents as they were the primary target audience for the posters. The Right 2B Safe Team then arranged a focus group drawn from a local school's Parent Teacher Association (PTA). Eight people agreed to view the two draft posters. They filled in a simple four question survey to express their preference and their reasoning behind their choice.

The two posters that were presented to the group had been altered to incorporate the suggestions of the social service agencies and the



FIGURE 3. POSTER THREE - DRAFT TWO OF POSTER



FIGURE 4. POSTER A - DRAFT THREE OF POSTER



FIGURE 5. POSTER B - DRAFT THREE OF POSTER

expert consultants who had reviewed these choices in the previous draft. Poster A and B now both incorporated the statistic about the incidence of child sexual abuse that the first focus group were impressed by (see figure 4). The wording on the bottom of the poster had essentially the same meaning but was framed in a positive way following a suggestion from the expert consultants. It now said, ‘Together we can end child sexual abuse – find out what you can do to make kids safer. Sexual Abuse – it’s OK to Talk about It’. One of the two options, B (figure 5), featured a photograph of children and continued with the world changing theme. The other option, A, responded to the first focus groups suggestion and featured a thought bubble asking ‘Are our kids safe?’ rather than a depiction of children.

Are our kids safe?



Together we can end child abuse – find out what you can do to make kids safer
Sexual abuse – it’s time to talk about it
 Phone CAPS on 07 888 8644 or pick up a booklet from your local library.

FIGURE 6. DRAFT FOUR OF POSTER

Six of the PTA group preferred Poster B featuring the photographs of children and several of them stated that they found the children’s faces drew their gaze. Focus group members were not so supportive of the wording used on the posters though. Several focus group members wanted to change the key message to have more impact, possibly combining the wording from both posters but without losing the statistic about the incidence of sexual abuse. Others thought that the message at the bottom of the page was confusing and wordy and needed to be more definitive in regard to the message to stop sexual abuse.

The final version of the poster presented to CAPS to be approved for printing was a composite of the two posters reviewed by the parent/ teacher focus group and included a photograph of children (see figure 6). Subtle changes were also made to incorporate the group’s suggestions about the emphasis of the wording. The remaining changes to the final



FIGURE 7. FINAL POSTER

version of the poster were prompted by further consultation with the focus group, expert input and at design level.

A simplified version of the poster development process as a whole can be found in the Flowchart below.

POSTER DEVELOPMENT FLOWCHART

INITIAL POSTER CONCEPTS – FIRST DRAFT

Attitudinal/ behavioural change *Educational*

INPUT / CATALYST FOR CHANGE = Scoping / literature search; Initial agency survey; Expert input

SECOND DRAFT POSTERS

Attitudinal/ behavioural change *Educational*

INPUT / CATALYST FOR CHANGE = Consultation with agencies; Expert input

THIRD DRAFT POSTERS

Attitudinal/ behavioural change *Educational (NB. above right culled prior to parent focus group)* *Educational*

INPUT / CATALYST FOR CHANGE = Parent & teacher focus group; Expert input; Local input

FOURTH DRAFT POSTER

Attitudinal/ behavioural & educational change

INPUT / CATALYST FOR CHANGE = Parent & teacher focus group; Expert input

FINAL POSTER

Attitudinal/ behavioural & educational change

RESOURCING OF AGENCIES

During the initial survey of social service agencies the respondents were asked to identify the types of information that would be most useful in addressing queries from clients about child sexual abuse issues. These needs were then matched by the team with information on child sexual abuse prevention and response available both in written form and on websites so that a resource pack could be compiled.

Several respondents suggested that a flowchart or index would be of particular use to them when working with clients around sexual abuse so as to ensure that all options available to the client were appropriately covered. This resource was developed following extensive consultation between Rachel Harrison and senior CAPS staff members to produce a straight-forward but comprehensive flowchart on each of the types of queries a worker might receive about sexual abuse. (See figure 9 below)

The flowcharts named the specific processes appropriate to a particular area of

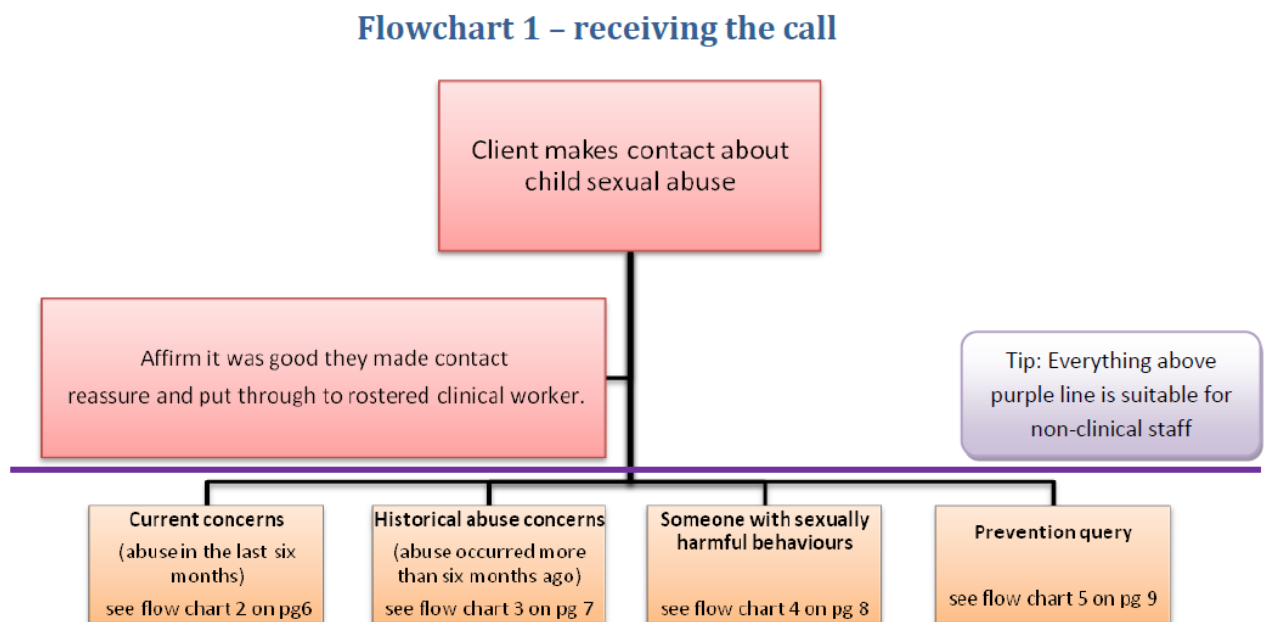


FIGURE 9 - OVER VIEW OF FLOWCHARTS IN CAPS' CHILD SEXUAL ABUSE RESOURCE KIT

concern as well as referring staff members to various resources in the appendix²⁷ of the kit. The size of the Resource Kit (composed of the flowcharts, support directories, ACC Counsellor lists and readings) was such that an abbreviated version was developed. This contained flowcharts, ACC Counsellor lists and a specialist sexual violence directory so that agencies who had taken part in the initial survey and all members of the Hauraki Family Violence Intervention network could receive this by e-mail prior to the launch of the poster campaign in mid-June.

The CD of the Resource Kit was not only made available to the social service agencies who took part in the survey but also to other interested organizations. A majority of these organizations, including schools in the area, health practitioners, social service groups and local Hauraki Family Violence Intervention Network members, received a letter or email advising them about the campaign and that the Resource Kit was available. This information was also included in presentations to mental health, alcohol and drug and child mental health teams conducted by the 'Right 2B Safe' Team prior to the launch of the poster campaign. As a result almost 50 copies of the Resource Kit on disc were distributed just prior to the launch of the poster campaign on June 14th, 2012 and 20 at the launch itself. A further 50 kits on disc were ordered to meet ongoing interest with several copies requested by social service agencies who were based outside our immediate area but who had heard of the project through networks affiliated to a group based in Thames or Hauraki.

²⁷ The Appendix of the Resource Kit includes resources from NZ and around the world which the project team located in the scoping stages of the project. The Appendix of the resource Kit is in sections 'Prevention', 'Responding to Children' and 'Problematic Sexual Behaviours' and 'Resources' and attempted to provide resources for individuals/ organisations wanting to prevent or respond to child sexual abuse.

SECTION THREE

This section begins with the development of the Thames-Coromandel District and Hauraki District libraries involvement in the campaign. This is followed by an account of the launch of the poster, and other resources, and the publicity supporting the campaign. It concludes with a discussion of the distribution of campaign resources within the target area of Coromandel and Hauraki.

LIBRARY INVOLVEMENT AND DISCLOSURE TRAINING

The libraries' involvement in the project began when representatives from the Thames-Coromandel Council District (TCDC) library made contact with CAPS regarding the identification of child abuse resources for the library. This initial contact developed into a working party that brought together staff from the TCDC and Hauraki District Council (HDC) libraries, the 'Right 2B Safe' team and CAPS management to collaborate on a pilot modelled on the 'Turn the Page' project²⁸ that had been trialled in Taranaki libraries.

The TCDC and HDC libraries²⁹ arranged to increase their stock of self-help books³⁰ with a sexual abuse prevention and healing focus. These books and a range of website URLs were then featured in a book- list (see figure 10) which was distributed to GP's, Libraries and other social services as part of the 'Right 2B Safe' campaign.

²⁸ Tatham, 2011 – 'Turn the Page' project was developed by Midlands Health Network and South Taranaki Libraries, which used GPs to provide people with mental illness with a list of self-help books which could be borrowed from the libraries.

²⁹ Thames Coromandel District Council libraries include branches in: Whitianga, Tairua and Thames. Hauraki District Council Libraries include branches in: Waihi, Ngatea and Paeroa

³⁰ A list of specialist sexual abuse books was gathered from Auckland Sexual Abuse Help and a selection of those books which were still available for purchase were compiled into a recommended reading list by CAPS staff. The booklist has categories 'for children', 'for young people', 'for carers/whanau', 'for adult survivors of sexual abuse' and 'prevention' as well as a list of local and international websites.

The working party met to discuss issues such as co-ordination for the distribution of books between Thames and Hauraki libraries, the wording and logos to be used on the poster advertising the library aspect of the project, promotion work both in internal council media and displays in the libraries themselves.

Library staff anticipated an increase in inquiries following the poster launch and ways to prepare for this were discussed at the meetings. The 'Right 2B Safe' Team arranged a Dealing With Disclosures Training³¹ to meet these concerns. The four hour training was repeated on two consecutive days to accommodate a majority of library and CAPS staff as well as providing places on both of the days for representatives from local social service agencies who had also expressed an interest.

The training provided participants with a broad overview of the history, laws and legislation of sexual violence as well as some insight into the ways in which society and the media influence how we work with sexual violence survivors. Its main focus however was on dealing with disclosures by using a step by step guide that included familiarization with supporting agencies.

A total of 45 staff attended the training and completed an evaluation provided by the presenting agency. Their opinions of the training are discussed in the 'Evaluation' section of this report.

Closer to the launch of the campaign, library staff were also provided with a 'Question and Answer' sheet which addressed issues



FIGURE 10 – 3-FOLD BOOKLIST



FIGURE 11 – ONE OF THE DISPLAYS IN LOCAL LIBRARIES

³¹ Rape Prevention Education came to Paeroa in May 2012 to train library, CAPS and social service staff about dealing with disclosures of sexual abuse.

that were likely to be raised as a result of the poster campaign displays in the libraries. This included questions about the reasons for the campaign and the libraries' involvement.

A key piece of the library's involvement in the project was in engaging local General Practitioners across the region. A letter was written to the Doctors explaining the Right 2B Safe project and its relationship to the book lists. The letter also asked that the practice consider displaying posters in waiting rooms and that the Doctors have the book/website list available for distribution. Practice Managers were later contacted by telephone or email to arrange delivery of the posters and booklists. At the same time the Practice Managers were made aware of the availability of Resource Kits.

Contact was made with the Coromandel and Whangamata libraries, neither of which are part of the TCDC or HDC library networks. In both cases the librarians agreed to stock the booklists even though users would need to access the books from TCDC or HDC libraries.

The original 700 booklists were distributed prior to the launch, necessitating a further print run of 300 to meet ongoing demand.

CAMPAIGN LAUNCH

The team began advising local organisations about the campaign launch in early May, 2012. Invitations were issued to the agencies who had taken part in the initial survey, representatives from local councils, library staff, primary and secondary school teachers and counsellors, ACC Therapists, Hauraki Family Violence Intervention Network members, General Practitioners and health related service providers, mental health services, representatives from churches working in the social service field and local media and Members of Parliament.

The distribution of the poster was timed for a week prior to the launch so that social service agencies could have their posters up when local media reported on the launch. Recipients were asked to embargo the posters until the day of the launch itself.

A total of 200 A3 size posters and a similar amount of A4 posters were distributed up to, and on, the launch date. A further 200 of each size poster was then

printed and a steady flow of these continued to be distributed for publicity purposes and to meet further social service agency requests throughout June into early July.

The launch was held at the Thames Life Equip Church on June 14th, 2012 at 10.30am and was attended by 50 representatives of local agencies and other individuals with an interest in the primary prevention of child sexual abuse. Speakers included the Manager of CAPS, the Right 2 B Safe team leader and researcher on the project (figure 12), the Thames-Coromandel District Council Deputy Mayor and the Hauraki District Council Deputy Mayor, as well as the Pastor of the Life Equip Church who opened and closed the gathering with a karakia.

The 'Right 2B Safe' Team members outlined the statistics driving the campaign and its development from the initial idea of a poster to include the local libraries and a more comprehensive Resource Kit. The genesis of the poster from the original questionnaire to agencies and the role of focus groups and 'expert' consultants were also explained.

Posters, Resource Kits and Library Booklists were displayed on the day and could either be ordered or were available at the launch.



FIGURE 12 - RIGHT 2B SAFE TEAM SPEAKING AT LAUNCH

PUBLICITY AND DISTRIBUTION

The publicity for the poster campaign began prior to the launch and built in intensity in the 2 months following. Firstly, a series of short clips with a sexual abuse prevention focus were presented by the 'Right 2B Safe' Team leader on local radio stations in late May.


In June a media release about the project launch and a question and answer sheet about the campaign were sent to 10 media sources including both weekly newspapers and radio stations throughout the Coromandel and Hauraki areas. Both weekly papers on the Coromandel Peninsula, The Hauraki Herald and The Peninsula Press, featured an article about the launch and in the Hauraki district an independent weekly newspaper, The Waihi Leader, ran a full page article accompanied by the poster.

Publicity about the campaign continued post launch. In July, 2012, the Colville Social Services Newsletter ran an article about the poster campaign as well as featuring 'nuggets' of information about child sexual abuse prevention for parents in each subsequent issue in the following months. The July 20th 'Hauraki Herald' also featured an interview with the project team leader discussing the positive public response to the poster campaign and the need to make lasting change to the incidence of sexual abuse in the Waikato area. Articles about the project that included copy developed from the 'nuggets' were also sent to three small local broad sheets, the 'Plains Profile' in Ngatea, the 'Chronicle News' in Coromandel and the 'Pauanui Post'.

Information about the campaign was available on the Thames T3 Website³² and featured nationally in the June newsletter, 'Imagining the Solution', of the Toah-NNEST National Network for Ending Sexual Violence. As well, an article about the campaign was included in 'Jigsaw ENews' in August 2012.

The team received several inquiries as a result of these articles in national publications from representatives of organizations in Whangarei and Gisbourne and Auckland.

'Nuggets' of information about the campaign launch that were suitable for insertion in school newsletters were sent to almost 100 schools in the Thames-Coromandel and Hauraki areas. This was



STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

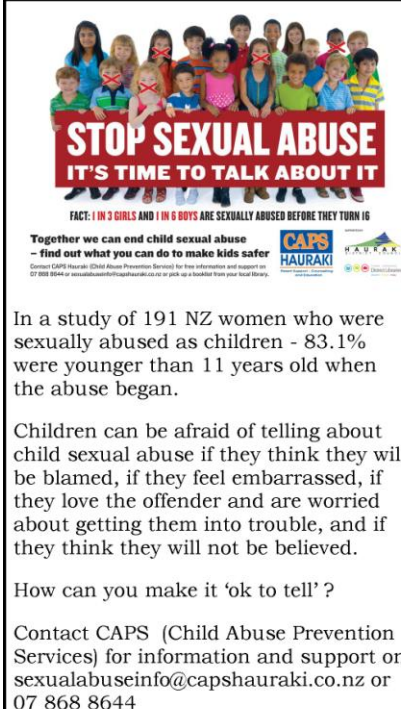
Together we can end child sexual abuse
- find out what you can do to make kids safer

CONTACT CAPS Hauraki (Child Abuse Prevention Services) for free information and support on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz or pick up a booklet from your local library.

Thames Coromandel District Council and Hauraki District Council libraries now have a range of recommended books for children, for caregivers, for adults and young people about preventing and healing from child sexual abuse.

Books are free to borrow and a booklet and website list is available from libraries, CAPS and many GP services in Thames / Coromandel and Hauraki.

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644



STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

Together we can end child sexual abuse
- find out what you can do to make kids safer

CONTACT CAPS Hauraki (Child Abuse Prevention Services) for free information and support on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz or pick up a booklet from your local library.

In a study of 191 NZ women who were sexually abused as children - 83.1% were younger than 11 years old when the abuse began.

Children can be afraid of telling about child sexual abuse if they think they will be blamed, if they feel embarrassed, if they love the offender and are worried about getting them into trouble, and if they think they will not be believed.

How can you make it 'ok to tell' ?

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

FIGURE 13 – EXAMPLE OF SCHOOL NEWSLETTER 'NUGGETS'

³² www.t3connect.org.nz/events/local-child-sexual-prevention

followed up two weeks later with a further 10 'nuggets' that focused on different aspects of child sexual abuse prevention. Each of these nuggets discussed child sexual abuse in a way that encouraged discussion and provided information about support available in the area for parents and caregivers (see figure 13).

Most of the schools in the Coromandel and Hauraki regions were telephoned before the second round of 'nuggets' were sent and a majority responded positively to the concept of short pieces of information targeting parents for insertion one after another in their weekly newsletters. Several schools reported that they had already featured information about the campaign in a previous newsletter and were happy to do so again.

Toward the end of the first year of the project, the team leader was approached to speak to the Board of Trustees of a local secondary school about the poster campaign and general information regarding the prevention of child sexual abuse in schools. This was followed a week or so later by a meeting with students involved in a Peer Support Programme at the secondary school to present them with information about the campaign and to help with tips on dealing with disclosures.

A counsellor at another secondary school reported on awareness raising that he had organised using campaign resources including; a disclosures training for the school's staff and student peer support team; posting of the posters around the school; and a presentation to students about the poster.

The role that the various libraries played in the poster campaign also featured in the Thames-Coromandel District Council Library News in June and in the Hauraki District Council's regular full page article about council activities in the Hauraki Herald in early July 2012.

Stickers (figure 14) featuring the wording from the banner on the poster which reads, 'Stop Sexual Abuse It's Time to Talk about It', were prepared for distribution initially at the launch and then to social service



FIGURE 14 – STICKERS



FIGURE 15 – DISPLAY IN GOLDFIELDS MALL THAMES

agencies as further promotional material. The 200 original stickers were all distributed by the third week of June 2012.

GETTING THE POSTERS UP AROUND COROMANDEL AND HAURAKI

The geographical layout of the target area (Thames-Coromandel and Hauraki) is rural with several smaller communities at the tip and to the east of the peninsula that have difficult access in the winter months. The team addressed this issue by asking social service agencies in the more isolated areas to place the poster in prominent positions in these communities.

Team members also travelled the Coromandel Peninsula section of the target area, encompassing Pauanui, Tairua, Whitianga and Coromandel, placing posters on public notice boards, in information centres, sports clubs and childcare facilities as well as in many government agencies, Police Stations, resource centres and medical rooms. The distribution of posters in the communities of Paeroa and Waihi was approached in a similar manner so that social service agencies and places with public noticeboards in both districts were almost all provided with posters by mid-July.

The town with the largest population in the area, Thames, was covered by distributing the poster to local social and health services for staff noticeboards, as well as by a display in the Goldfields Mall (see figure 15). This display ran for most of June and July and featured the posters, booklists, stickers and sexual abuse prevention information on a free standing display board. A smaller but similar display was arranged in a window in the main street of Thames and posters were also displayed on public noticeboards and windows throughout the town (see Figure 16).



FIGURE 16 -POSTERS ON DISPLAY IN THE MAIN ST OF THAMES

SECTION FOUR

EVALUATION

The evaluation of the project is in two parts. The first contains the results of the various surveys and statistics used to evaluate whether the aims of the campaign have been met. These aims were to raise awareness and change attitudes and behaviours about child sexual abuse as well as raising the profile of support agencies and resourcing them to respond to any increase in enquiries as a result of the campaign.

The tools used to evaluate the project for raised awareness and attitudinal change that are discussed here are a street survey of community response to the poster in Thames and Whangamata and a repeat survey of social service agencies to ascertain their feedback on the campaign, in particular their opinion of the poster and the resource kit. Feedback from the libraries' involvement in the project is next and includes the number of issues from the booklist and librarians' reflections on their role in the campaign. We will then conclude with the returns from the evaluation of the disclosures training for librarians and social service agency staff.

The second section of the evaluation begins by looking at the poster to see how successful the poster has been in raising awareness from the perspective of local social service agencies and in the general community. This is followed by an examination of the resourcing of the local agencies and communities.

The conclusion comments on the unanticipated highlights of the campaign as well as suggesting ways that the brief timeframe³³ between the launch of the campaign and the assessment has impacted on its effectiveness.

STREET SURVEYS

Street surveys were conducted in one town from each of the districts. Thames was chosen in Coromandel region as it has the largest population in both districts at 7136³⁴, and is the base for most of the social service and health organizations in the area. Whangamata was selected as typical of the small east coast beach communities

³³ Due to project time frames there was only 6 weeks between the launch of the project and beginning of the evaluation of the project

³⁴ Geo-Names Database 2011

in the Hauraki district and because it provided a contrast to Thames with around half the population and very few social services actually based in the town.

Thirty questionnaires were completed in Thames and twenty in Whangamata. In both cases, surveys were conducted either in the main street close to a Post Office, or in the vicinity of a supermarket/ shopping mall.

The survey was very short with just four questions. It began by asking a passer-by to look at a copy of the poster and to recall if they had seen it before and where they had seen it. Regardless of the answer to the first question, the following two questions then went on to enquire what the passer-by thought of the message on the poster and if it was clear. Finally, the respondent was asked if they were aware of any local support agencies they could approach if they had a question about child sexual abuse.

RESULTS OF THAMES STREET SURVEY

The two interviewers approached people passing by at random and received very few refusals to take part. This method of approach provided 14 male respondents and 16 female. The ages of the respondents were estimated by the interviewers as ranging from 15 to 65 years with fairly even distribution across this range apart from a small concentration in the 55 to 65 year age group for women. No attempt was made to ascertain ethnicity.

The first question was answered by all 30 participants. Sixteen of them recalled the poster, with 10 of them identifying social service agencies or public noticeboards and displays as the place they had seen the poster before. The remainder of the group who were familiar with the poster were respondents who could not specifically recall where they had seen it. Respondents who had seen the poster were fairly evenly distributed between age groupings and the males and females who took part.

A majority of respondents thought that the message on the poster was very clear and were able to describe it to the interviewers. Just 4 respondents found the message confusing in some way with one stating that it was too 'oblique', another that it contained too much information and a further respondent unsure what the crosses on the children's mouths indicated. A majority of 27 respondents also indicated a level of support for the message and several stated that it was important that child sexual abuse was addressed.

Only 28 of the respondents answered the last question addressing awareness of support agencies. Twenty-four of them were able to identify local social service agencies they could contact with questions about child sexual abuse. The agency identified most often was CAPS Hauraki with many respondents indicating that it was the CAPS logo on the poster that they recalled. Four respondents could not identify any support agencies.

RESULTS OF WHANGAMATA STREET SURVEY

Eight of the respondents to the street survey in Whangamata were male and 12 female. Interviewers estimated that both male and female respondents were concentrated in two age groupings. The first of these was from 15 to 30 years of age and the second from 50 to 65 years. Interviewers reported more refusals in Whangamata with as many as 10 of those passing-by declining to take part in the survey.

Just under half of the 20 respondents (9) were familiar with the poster with a majority of these having seen it in a public place although some were unable to recall specifically where. Once again familiarity with the poster was scattered across the age groups of respondents and almost evenly distributed between men and women.

All but one of the respondents thought that the message was very clear and 15 of them were supportive of the theme. These comments were made by respondents who found the message 'meaningful'.

"The fact that 1 in 3 and so on really gets to you and straight away you can't argue that it [sexual abuse] isn't likely to happen to anyone I know". – Survey Respondent Whangamata

"I like to see the message that we need to talk about it. I'd like to see messages aimed at offenders too". – Survey Respondent Whangamata

Three respondents felt that the poster could be improved by simplifying the image behind the message with one respondent commenting that the poster was very 'busy' visually with such a large group of children.

Just 18 of the respondents answered the final question about support agencies. Fourteen of these identified CAPS either by the logo or phone number on the poster. Two of these respondents in a younger age group commented that they would prefer a website address to access if there was a query generated by the poster. One other respondent would have initially approached the Hauraki District Council for assistance in identifying support agencies in the area. The remaining three

respondents could not identify any support agencies to approach if they had a question about child sexual abuse.

AGENCY FEEDBACK ABOUT THE CAMPAIGN

A short survey was prepared to gather feedback from the social service providers who responded to the initial questionnaires used to produce the poster and ascertain agency needs in regard to enquiries generated by the campaign. The first two questions in the survey asked agency representatives their opinion of the effectiveness of the poster in addressing the attitudes they had originally identified toward sexual abuse in their community. The third and fourth questions asked about organizational changes since the respondent took part in the initial questionnaire and the fifth question attempted to ascertain whether there had been an increase in calls about sexual abuse since the launch of the poster. The last question asked about the use agencies had made of the Resource Kit.

All the 23 agencies who took part initially were approached again in late July, most by telephone with email as a back-up means of contact. Eighteen of them responded within the two week cut-off date for processing of the survey. The results of the survey are included in this part of the evaluation with a more detailed analysis and comparison with the responses in the initial questionnaire following in the final section of this report.

AGENCY RESPONSE TO THE POSTER

Sixteen of the 18 respondents from social service agencies working in the sexual abuse prevention and response fields reported that the poster largely addressed the attitudes they originally identified toward sexual abuse issues in their communities. Ten of the 16 respondents who were supportive of the poster were very positive about it and 6 said that the poster mostly met their expectations. The following comments are typical of the responses from those whose support was unqualified:

"The poster is an excellent first step". Survey Respondent

"It [message on poster] highlights that sexual abuse is a real concern, especially the statistics". Survey Respondent

One of the respondents who reported that they mostly supported the focus of the poster explained where their reservations lay:

"I'm not so keen on the crosses on the children's mouths. It's confusing". Survey Respondent

Respondents were less clear about their community's response to the poster's message. Six respondents felt that there had not been any community reaction to the poster and seven were unsure about the impact or felt that it was too early to say. Several of the respondents who were unsure had observed clients looking at the poster but had not heard any comments about it. Just five of the 18 respondents reported positive feedback including anecdotal evidence of disclosures prompted by the poster.

AGENCY RESPONSE – ORGANISATIONAL CHANGE

Eight of the respondents reported that there was no discernible change to the internal structure of their organization to do with sexual abuse prevention and response since the time of the initial questionnaire. A further two respondents stated that they did not know if there had been any changes. Six of the respondents had noticed some degree of change and in particular a 'more proactive approach' by staff to the issue. This approach by staff was described by one of these respondents in this way:

*"It [the campaign] has bought discussion about sexual abuse to the top of the list".
Survey Respondent*

Three of the 18 respondents stated that there had been changes to their protocols in this area, in two instances these appeared coincidental as they were largely driven by internal processes in their organization. In response to the campaign, one of these three organisations created an internal process for managing client inquiries so that where possible a client were responded to more immediately and by a clinician in the first instance.

A majority of 15 respondents were clear that there had not been an increase in networking or referrals following the launch of the poster. The remaining respondents did not know if referrals or networking had increased with many of them pointing out that this was not their area of responsibility.

CAMPAIGN IMPACT ON CALLS TO AGENCIES

Only two of the agencies had completed a call sheet monitoring the number of calls with a sexual abuse component since the launch of the poster. These statistics are discussed in a following section discussing sexual abuse enquiry contact sheet results.

Respondents were also asked their opinion as to whether there had been an increase in these calls and this is the basis of the responses in this paragraph. Just one respondent identified a clear increase in calls although five respondents felt that there might have been but could not be certain about this. Ten respondents stated that there was no increase with one of them commenting that 'It [sexual abuse] is always there'. A further two respondents did not know if there had been an increase or not.

RESOURCE KIT

The final question in the survey asked how helpful the Resource Kit had been to the agency. Fifteen of the respondents answered this question. Eight of them had found the kit very useful with the following comments being typical of their responses.

"I continue to browse through the kit and it is good to have it on hand. It is a very good resource kit for any agency to have for all staff to increase their knowledge and skills in their own time". Survey Respondent

"I am using the coloured pictures in my work with children. Also having the information regarding contacts for ACC counselling is important...". Survey Respondent

Seven of the respondents had not seen the kit. This response identified a technical difficulty with the email containing the shortened version of the kit. The kit on disc was then sent to these respondents but unfortunately their impressions were not available at the time the report was written.

SEXUAL ABUSE ENQUIRY CONTACT SHEET RESULTS

Just two agencies recorded enquiries with a sexual abuse content on the contact sheet. The first agency received four telephone calls with three of these concerning historical abuse and one being a current concern. The second agency received three calls with two concerning historical abuse and the other being a current concern. This agency also received four emails about sexual abuse issues and reported four requests from staff for further professional development in this area. One of the respondents from the second agency commented that although the number of calls recorded appeared low, other disclosures had 'come to light in our client work'.

LIBRARY FEEDBACK

Thames-Coromandel District Council and Hauraki District Council Libraries both supplied statistics regarding the issue of the books featured in the booklist and held by the library during the five weeks from the launch of the poster campaign on June 14th to the week of the 25th of July. In addition, library staff supplied the number of booklists they distributed as well as comments from clients.

NUMBER OF ISSUES

The number of issues was very similar for both libraries. The TCDC libraries had 14 issues from 10 titles and the HDC libraries 13 issues from 10 titles. TCDC libraries issued more adult than children's titles while HDC libraries issued more children's than adults books.

BOOKLISTS

HDC libraries reported 39 booklists taken from their libraries and that there were 19 views of the booklist on the council website, while TCDC libraries distributed 20 booklists with a majority of these from the Thames library.

It should be noted here that the libraries were not the only distribution point for book lists. The team estimated that almost 900 book lists were sent out by the project team and distributed at the launch between early June and the end of July 2012.

COMMENTS FROM LIBRARY USERS

The use of the 'shelf wobblers,' and a child's photo from the poster on the spine of the books, as tools to assist library users to locate the books were not evaluated. There was one complaint about the use of the photo of the child taken out of context from the poster and used on the spine of the books³⁵. This photo featured a child

³⁵ One complaint was received from a library user about the message the spine label of a child with a cross across their mouth. The Right 2B Safe team, CAPS Management and library staff agreed to amend the spine label and it was replaced with the words, 'It's Time To Talk About It'.

with her mouth covered to indicate how difficult it was for some children to talk about their abuse. As a result of the complaint the photo was replaced with the wording from the poster on the spine of the books.

There was a variety of positive feedback from librarians about their part in the campaign including the unsolicited comments of clients of the library which supported the displays and saw the books as a useful resource.

These comments were made by Hauraki library users:

"When visiting the Paeroa library, I noticed there was a great display of books and posters on a table that was visible to all who frequented the Library. It was obvious what the message was about and it looked professional. I also use the Hauraki library website to download books and noted the poster on the library site. Paeroa should be congratulated for their efforts". Paeroa Library User

"I have been putting this [talking about sexual abuse prevention to my children] for ages and now I have a book to help. I don't have to do it alone - we can use the book to talk about it". Hauraki District Library User

Staff from the Thames Library also reported that children displayed a great deal of interest in the books on display and that both adult and child focused books from the display were found all around the library on a regular basis indicating that they had been read in-house. The display in the Thames library was moved from a central position to a more private position toward the end of the campaign and librarians reported a further 7 issues of books after the cut-off date for the collection of these statistics. The librarians largely attributed the increase in issues to the more private position of the display.

DISCLOSURES TRAINING

The campaign has also resourced the librarians themselves with Dealing With Disclosures training. An analysis of the evaluation sheets from the 40 participants in the training was completed by the presenting agency, Rape Prevention Education. This analysis shows that most participants agreed or strongly agreed that the training was relevant, interesting and clearly presented, although around half of them would have preferred more of it.

The participants were given a list of six statements relating to the learning outcomes of the workshop and were asked to rate their level of agreement on a 5 point scale ranging from 'strongly agree' to 'strongly disagree'. Participants were

asked if they agreed that they had a greater awareness of what sexual violence was, as well as a better understanding of sexual violence laws, and common myths and perceptions about sexual violence, as a result of attending the workshop. Of the 40 participants more than 80% agreed or strongly agreed with all these statements. Most also felt that the workshop had increased their confidence in responding appropriately to a disclosure.

ANALYSIS AND CONCLUSION

This part of the report re-examines the aims of the campaign in the light of the various evaluation tools described in the Logic Model Flowchart in the section one of this report. This section will discuss the results of the surveys and statistics gathered during the project and draw from the narrative section of the report as necessary to complete the analysis. It will conclude by summarising the successes of the campaign and discussing further development.

RAISED AWARENESS OF CHILD SEXUAL ABUSE

The effectiveness of the poster in raising community awareness about child sexual abuse across a broad spectrum of the community is evaluated first in this part of the report by using the survey of agency satisfaction and street surveys of passer-by response. The input from the focus groups is also examined for investment in the project prompted by increased awareness. The number of issues of books on the topic, as well as distribution figures for the poster and the extent of publicity on the topic are then reviewed to assess whether the increased focus on child sexual abuse resources has contributed to the effectiveness of the campaign.

AGENCY AND COMMUNITY AWARENESS

Agency respondents reported in the initial survey that the communities in which they worked held attitudes and beliefs that the team concluded corresponded to the 'denial' and 'vague awareness' stages of the Community Readiness Model³⁶. The second survey asked respondents how well the poster addressed these concerns. Most respondents were supportive of the poster and felt that it went a considerable

³⁶ Edwards R et al., 2000

way toward meeting the issues they had raised in the first survey. In particular respondents were impressed by the use of the statistic about the incidence of child sexual abuse and the clarity of the message.

There were very few reservations about the content of the poster however where these did occur they focused on the use of crosses to cover the mouths of some children in the photograph. A small number of respondents considered this to be confusing and to send a 'mixed message' about speaking out on sexual abuse issues.

The agency response to their own community's reaction to the poster was less clear. Many were unsure about the impact of the poster in this regard with several pointing out that it was too early to say what the community thought about the message. Around a quarter of the respondents had heard positive feedback and a small number related anecdotal evidence of the poster's role in promoting disclosures.

The street surveys confirmed that the posters message was clear and meaningful to the majority of those who took part and almost three-quarters of the respondents indicated a level of support for the message. Those few respondents with reservations largely focused on the seemingly contradictory message sent by the crosses over the children's mouths.

Exactly half of the respondents in the street survey recalled seeing the poster previously with most stating that this was in a public place although a lesser number had seen it displayed in a social service agency.

These responses indicate that more of the community have seen the poster and are supportive of the message than social service agencies in the area are aware of. Overall, the campaign appears to have correctly identified the attitudes about child sexual abuse that predominate in Coromandel and Hauraki and that have a resonance with a community ready to make changes.

FOCUS GROUPS

The focus groups (who gave feedback on the various drafts of the poster) were not only key to suggesting ways to incorporate a prevention focus with one of attitudinal change, but also facilitated the distribution of the poster and the flow of information about the campaign .

In both cases, the focus groups appeared to encourage 'by-in' by the members that had longer term repercussions for the campaign. In the first instance by

maintaining agency interest and involvement, and in the second by increasing awareness about sexual abuse prevention at parent level.

LIBRARIES

The 27 issues from the booklist in just over a month and the anecdotal evidence related by librarians support the hypothesis that the library contribution to the project has been extremely successful.

Much of the anecdotal evidence concerns the displays in the libraries and is overwhelmingly positive. Not only the resourcing of the libraries in the area of sexual abuse prevention and healing but also the resourcing of the librarians themselves are consequences of the project with the potential to have positive long term awareness raising consequences.

DISTRIBUTION AND PUBLICITY

The results of the street surveys suggest that the nearly 800 posters and 900 booklists distributed throughout the area have contributed toward a raised awareness about sexual abuse issues among the general community.

It is reasonable to suggest that displays, articles in papers and broadsheets, interviews on local radio stations, and speaking engagements in the area have also supported this.

RESOURCING

The Resource Kit was put together after local agencies identified the need for it in the initial survey. By the time of the follow-up survey, not all the agencies had received the kit, however among those who had, all respondents reported a high degree of satisfaction and expected to make extensive use of it.

DISTRIBUTION OF KIT

A total of 100 of the 120 Resource Kits on disc had been distributed when this report was written. Requests from social services and organizations who were not included in the survey process suggest that the content has been useful to a much wider grouping than was originally anticipated. These requests are not just local but also include organizations and individuals working with sexual abuse in other centres throughout New Zealand. Feedback on the kit from both local and national

enquiries has been very positive and often includes a request for a copy from another agency that has seen the one sent out.

OTHER TYPES OF RESOURCING

Agency and library staff members were also resourced with training on Dealing With Disclosures during the campaign. An evaluation conducted by the training provider suggests that a high degree of satisfaction was experienced with the training and that on the whole attendees increased their awareness about sexual abuse issues.

Resourcing also occurred for some agency staff in a less tangible way. Although there were few practical differences in the way in which agencies managed sexual abuse enquiries following the campaign, several respondents reported significant changes in the ethos surrounding these issues. These changes were described by staff as a 'more pro-active approach' toward the issues or an increased awareness.

RESOURCING OF COMMUNITY

Respondents to the street surveys in Thames and Whangamata were asked if they were aware of any support services they could approach with an enquiry about sexual abuse issues. Around three quarters of them were aware of at least one support agency and many of the Thames respondents were able to identify several agencies they were familiar with. The agency most frequently identified by respondents in both communities was CAPS Hauraki.

Overall, the results of the street surveys indicate that members of the two communities surveyed are well resourced in regard to their knowledge of support agencies working in the child sexual abuse prevention and response field.

DEMAND FOR SUPPORT SERVICES

The initial survey of agencies revealed that half of the respondents were regularly told about sexual abuse experienced by clients. Respondents in the follow-up survey had little to add to this with a majority reporting that their usual work load had not increased in any significant way following the launch of the poster but rather continued to include around the same number of mostly historic sexual abuse enquiries. A small number of the respondents felt there may have been an increase but were unsure about this as statistics were not recorded in a manner that could

confirm this. Only two of the agencies returned the sheet provided by the project team to record contacts with a sexual abuse component. Neither of these returns indicated a substantive number of contacts so little can be added to the conclusions drawn by the respondents themselves.

CONCLUSION FROM EVALUATION

Although the project can claim a reasonable degree of success with the various strategies used to raise awareness of child sexual abuse, it has been remarkable for two unanticipated areas of development. These are the library contribution to the project and the development of a comprehensive Resource Kit for social service agencies.

The library aspect of the project was not originally planned for but grew to be a key part of the campaign. The resourcing of the libraries with book titles pertaining to sexual abuse prevention and healing has laid a foundation that can be built on in future campaigns.

Although it was always intended that agencies be resourced, the flowcharts and kit developed to meet this need have proven to be more comprehensive and of use in a much wider arena than was envisaged.

Just as these were unexpected successes, there were also aspects of the project that presented unanticipated difficulties. The first of these concerns the collection of agency statistics. The evaluation could not confirm any measurable increase in enquiries with a sexual abuse component following the launch of the campaign. It is possible to make the argument that there is unlikely to be a direct co-relation between the campaign and an increase in enquiries and to remedy this by collecting service provider's statistics over a longer period of time than the 7 or so weeks between the launch of the campaign and production of this report. However this does not address the issue raised by the way in which some agencies record sexual abuse enquiries that effectively obscures them. What we can say though, is that both the level of community knowledge about the support available in this area, and the resourcing of agencies to respond to any enquiries that do occur, have been addressed by the campaign with a degree of success.

The second issue concerns the crosses on the children's mouths in the poster. These were seen as confusing in some of the feedback from the agency and street surveys and were also the subject of a complaint. The key role played by the focus groups suggests that adding a further focus group with specific experience in the design field would lessen the likelihood of misinterpretation occurring as in the case of the spine label. It is important to remember too, that for a majority of those who

took part in the street and agency surveys the message on the poster was clear and meaningful.

There is one last point to make. The Logic Model³⁷ of evaluation has been used in this report to emphasize the 'partnerships' critical to achieving the aims of the project. The 'partnerships' with the libraries, various social service providers and in particular within CAPS Hauraki, have added essential depth to the project by providing the layers of detail that have led to these conclusions. At times this has proven to add a complexity which has been difficult to address adequately within the limitations of the report. Above all though, the report is intended not only as a means of accountability but also as a template to aid organizations running similar campaigns.

³⁷ McCawley P., 1997

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APPENDIX

COMMUNITY READINESS

Excerpt from: Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. Journal of Community Psychology, 28(3), 291-307

1. "No Awareness

Goal: Raise Awareness of the Issue.

Strategies: One on one visits with community leaders and members. Visit existing and established small groups to inform them of the issue. Make one-on-one phone calls to friends and potential supporters."

2. "Denial

Goal: Raise Awareness That the Problem or Issue Exists in the Community.

Strategies: Continue one-on-one visits and encourage those you've talked with to assist. Discuss descriptive local incidents related to the issue. Approach and engage local education/health outreach programs to assist in the effort with flyers, posters, or brochures. Begin to point out media articles that describe local critical incidents. Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc. Present information to community groups."

3. "Vague Awareness

Goal - Raise Awareness that the community can do something about the problem.

Strategies - Present information at local community events and to unrelated community groups. Post flyers, posters, and billboards. Begin to initiate your own events (pot lucks, potlatches, etc.) to present information on the issue. Conduct informal local surveys/interviews with community people by phone or door to door. Publish newspaper editorials and articles with general information - but relate information to local situation."

4. "Preplanning

Goal - Raise Awareness with Concrete Ideas to Combat Condition.

Strategies - Introduce information about the issue through presentations and media. Visit and develop support from community leaders in the cause. Review existing efforts in community (curriculum, programs, activities, etc.) to determine who benefits and what the degree of success has been. Conduct local focus groups to

discuss issues and develop strategies. Increase media exposure through radio and public service announcements.”

5. “Preparation

Goal: Gather Existing Information to Help Plan Strategies

Strategies: Conduct school drug and alcohol surveys with general violence prevalence questions. Conduct community surveys. Sponsor a community picnic to kick off the effort. Present in-depth local statistics. Determine and publicize the costs of the problem to the community. Conduct public forums to develop strategies. Utilize key leaders and influential people to speak to groups and to participate in local radio and television shows.”

6. “Initiation

Goal: Provide Community-Specific Information

Strategies: Conduct in-service training for professionals and para-professionals. Plan publicity efforts associated with start-up of program or activity. Attend meetings to provide updates on progress of the effort. Conduct consumer interviews to identify service gaps and improve existing services. Begin library or internet search for resources and/or funding.”

7. “Stabilization

Goal: Stabilize Efforts/Program

Strategies: Plan community events to maintain support for the issue. Conduct training for community professionals. Conduct training for community members. Introduce program evaluation through training and newspaper articles. Conduct quarterly meetings to review progress and modify strategies. Hold special recognition events for local supporters or volunteers. Prepare and submit newspaper articles detailing progress and future plans. Begin networking between service providers and community systems.”

8. “Confirmation/Expansion

Goal: Expand and Enhance Service

Strategies: Formalize the networking with Qualified Service Agreements. Prepare a Community Risk Assessment Profile. Publish a localized Program Services Directory. Maintain a comprehensive database. Develop a local speaker’s bureau.

Begin to initiate policy change through support of local city officials. Conduct media outreach on specific data and trends related to the issue.”

9. “Professionalization

Goal: Maintain Momentum and Continue Growth.

Strategies: Engage local business community and solicit financial support from them. Diversify funding resources. Continue more advanced training of professional and para-professionals. Continue re-assessment of issue and progress made. Utilize external evaluation and use feedback for program modification. Track outcome data for use with future grant requests. Continue progress reports for benefit of community leaders and local sponsorship.”

RIGHT TO BE SAFE TIMEFRAME

JULY-AUG 2011	SEPT-OCT	NOV-DEC	JAN-FEB2012	MARCH- APRIL	MAY-JUNE	JULY- AUG2012
<p>Scoping of local and international child sexual abuse primary prevention programmes begins with focus on use of posters and evaluation of media campaigns.</p> <p>List of support agencies and agency survey developed.</p> <p>Pre-test of survey and appointments made for agency visits.</p>	<p>Surveys begun with agencies in Thames-Coromandel and Hauraki.</p> <p>Matrix prepared for record of agency resource needs and surveys processed to extract poster imperatives.</p>	<p>Ongoing recording from surveys.</p> <p>Consultation with 'experts' from national organizations.</p> <p>Draft posters prepared and sent to focus group who volunteered from agencies.</p> <p>Resources located for pack and enquiry flowcharts begun to include with pack.</p> <p>Library project modelled on</p> <p>'Turn the Page' begun.</p>	<p>Surveys completed and processed.</p> <p>Draft posters returned from agency focus group for refinement and further expert input.</p> <p>Parents focus group input also incorporated into poster drafts.</p>	<p>Produce book and website list for library project.</p> <p>Arrange disclosure training for library and CAPS staff.</p> <p>Resources pack with flowcharts and pack satisfaction survey finalized.</p> <p>Final composite poster signed off for design input and printing.</p>	<p>Disclosure training held.</p> <p>Preparation for media launch on 14th June.</p> <p>Distribution of poster.</p> <p>End of June telephone surveys of agencies for support and evaluation.</p> <p>Street surveys through out region.</p>	<p>Report and evaluation completed.</p>

INITIAL AGENCY QUESTIONNAIRE

METHODOLGY

The first part of the questionnaire used in section one of the project focuses on the organization of local community agencies, their policies and procedures, and training in regard to child sexual abuse prevention and response. These questions were included to assist in appropriately resourcing the community agencies for the launch of the poster.

In the second part of the questionnaire, scoping of local and international primary prevention awareness raising programs about child sexual abuse was used to develop questions regarding community attitudes and values about child sexual abuse. In addition, respondents were asked what their main message would be on a poster addressing this subject, who they would target with that message, and the format of posters that had impressed them previously.

The majority of the questions were open-ended to allow respondents to expand on their answers and to involve them as fully as possible in the project as a whole.

The questionnaire was pre-tested with a community agency in early September 2011. The pre-test led to the decision that where possible both interviewers would be present enabling one to interact with the respondent while the other recorded the responses. Appointments were made with respondents and the majority of the questionnaires were administered in person with the exception of 3 interviews by telephone. In all cases a full explanation of the project was given. Respondents were also canvassed as to their availability to be part of a focus group to give feedback on drafts of possible poster wording and designs.

In total, the questionnaire was administered to 23 community based social service providers in the Thames/Coromandel and Hauraki regions as well as to a meeting of public and district health nurses. The meeting with Waikato District Health Board public and district health nurses resulted in 4 work sheets that were treated as questionnaires for the purposes of this report making a total of 27 responses.

FEED BACK FROM AGENCIES

ORGANISATION Question One

This section of the questionnaire aims to provide a baseline of knowledge about the various agencies that may have had clients presenting with child sexual abuse issues.

The first question asks how often a client tells the worker something about child sexual abuse in their work situation. No differentiation was made in this question between historic and current child sexual abuse disclosures.

Two of the respondents did not have information to hand to enable them to answer this question. Of the remaining 25 respondents, 10 of them rarely or never saw a client who disclosed sexual abuse while the remaining respondents had this experience with varying degrees of frequency. One respondent saw clients in this situation on a monthly basis, 3 saw them fortnightly and a further 3 were told about child sexual abuse weekly. Eight of the respondents reported that most of their appointments had this component.

Child sexual abuse was reported so frequently in some agencies that respondents came to expect it to be a component of their contact with clients.

'The expectation is most clients will have experienced sexual abuse. It's a pleasant surprise when they haven't ...' – Alcohol and Drug Worker.

Question Two

This question asks if statistics are kept on child sexual abuse by the respondents' workplace and if so, how this is done?

Six respondents did not know the answer this question. Of the remaining respondents, a majority of 12 reported that their workplace did not keep a statistical record of the number of clients who told them about child sexual abuse. Nine of the respondents stated that a statistical record was kept although this was more likely to be as part of general record keeping and not as a separate category.

Question Three

Question three attempted to ascertain the timeframe for the organisation to be involved with clients in cases of child sexual abuse.

Two respondents did not answer this question, of the remaining respondents a slight majority (11) reported that their agency worked with clients over both the short and long term. Many of these respondents pointed out that the timeframe depended on the needs of the client and the reasons for the appointment.

'The timeframe depends on the needs of the client. It can be long term, or referral and contact to check in with the client later. – Coordinator, Government Agency.

'There is no clear answer. The timeframe is linked to other issues ...It depends on how long the abuse has continued and other issues'. - Counsellor, NGO.

'The timeframe depends on how effected they are and with adult survivors the abuse may not be the reason they are coming'. – Manager, NGO.

Ten of the respondents reported that most clients in their workplace were short term contacts. These clients were either referred on immediately or after the first session, although occasionally it might be two or three sessions before they were referred on.

Just 4 respondents had longer term contact with clients in cases of child sexual abuse. Although as one respondent pointed out, the term of that contact was determined by an outside agency; in this case The Accident Compensation Corporation.

Question Four

Question four asked respondents to identify the resources presently available to their agency in regard to child sexual abuse with the following suggestions being made for consideration: written material, trained staff, and funding.

Most respondents were able to identify several resources available to them with those resources mentioned most often being written material or handouts (18 times) and trained staff (12 times). This was followed by funding that was specific to child sexual abuse with 6 mentions and links with other agencies working in the field with 5 mentions. Respite accommodation for those experiencing sexual abuse and a cultural focus to therapy were both mentioned twice.

Question Five

This question asks respondents to identify what other resources they could make use of if they were available.

The resource that was mentioned most often was written material or handouts to do with child sexual abuse support. Three other resources were mentioned four times each, these were; training for staff, more targeted funding and a dedicated local agency dealing with sexual abuse support. A contact list of local sexual abuse support agencies was mentioned three times and Maori counsellors and community education programmes twice in each case.

Question Six

Question six asks which other local agencies or individuals a respondents agency works with when dealing with child sexual abuse support or prevention.

Two agencies were identified most often by respondents; these were CAPS and CYFS with 14 mentions each. Respondents identified contact with The Police, including Victim Support, 11 times and Accident Compensation Commission Counsellors and Relationship

Services 7 times each. This was followed by schools or preschools, Te Korowai, and sexual abuse treatment agencies that were not individually identified, with 6 mentions each. Community Mental Health was mentioned 5 times by respondents. Public Health Nurses, District Nurses, and General Practitioners were identified 4 times as an agency the respondent worked with and the Women's Refuge, Hauraki Safety Network, Plunket, Community Resource Centres, and the Child Protection Advisory and Support Service twice for each service. A local church, the Hauraki Maori Trust Board, Stepping Out Hauraki, and the Ministry of Education Special Needs Advisor were all mentioned once.

Question Seven

The final question in this section asks respondents their opinion about the most effective way to build on existing networks and facilities in the local community to prevent and treat child sexual abuse.

Most respondents gave several answers to this question which have been sorted into two broad areas. The first of these with 15 responses suggests that the best way to build on existing services is to increase their effectiveness and in particular encourage networking between services. Three of the responses also suggested that a dedicated local coordinating agency would be of most use in improving the effectiveness of child sexual abuse prevention and treatment.

The second area of interest with 20 responses suggests that the answer lies in increasing the number of community education programmes with a child sexual abuse prevention focus. Four of these answers also identified the need to include culturally based programmes and three respondents wanted the education programme to challenge child sexual abuse myths.

SECTION TWO – POLICIES AND PROCEDURES

Question One

The first question in this section asks if the agency has written policies regarding child sexual abuse and if so to outline those policies.

Twenty-four respondents answered this question with 19 of them stating that the agency or organization they represented had its own policies. Three respondents answered that the agency did not have policies regarding child sexual abuse and 2 more respondents followed a host agencies policies in this regard.

The most frequently identified content of the policies was mandatory reporting of child sexual abuse which was mentioned by 10 respondents, followed by paramountcy of the

child with 4 mentions by respondents. A safety assessment and an appropriate referral was identified as key by three respondents and a further 2 respondents said that the policies were specific to the circumstances of the abuse. Two respondents were not aware of the content of the policies applicable to their agency.

Question Two

Question two asks for the procedures the respondent would follow if dealing with child sexual abuse at work.

Two respondents did not reply to this question with the remainder of the respondents describing a process that included a variety of separate procedures. These procedures fall into two broad groupings and both were used by respondents depending on the circumstances of the abuse.

The most frequently followed procedure was consultation with, or referral to, an outside agency which was mentioned 22 times. This course of action was linked several times in these responses with the options on a flowchart that was followed as the procedure in the case of disclosures to workers in that agency. The need for flowcharts was also mentioned by other respondents who found the procedure that they were currently working with somewhat confusing.

Various forms of assessment were mentioned a total of 14 times with around half of these instances involving other staff at the agency and half leading to a course of counselling within the agency rather than to referral elsewhere.

Just below half of the respondents coupled the procedure they took with the immediacy of the abuse; that is to say whether it was historic or current. The respondents who identified the sexual abuse as current fell within the first grouping who contacted an outside agency at this point.

Question Three

The last question in this section asks if respondents have the opportunity to discuss the impact of any disclosure they deal with and if so who they discussed the disclosure with.

The majority of respondents had the opportunity to discuss the impact of disclosures on several different levels both within and outside their workplace. The most frequently identified discussion took place with a respondents supervisor with 21 instances mentioned. Ten of these discussions were with a supervisor inside the agency and 11 outside.

The next most frequently mentioned discussion was with other staff or team members within an agency with 19 respondents using this avenue to discuss the impact of a disclosure on occasion. Eight respondents also used their support network outside the agency to discuss the impact of a disclosure and a further two of them used self-care if they felt the impact had been a significant one.

SECTION THREE - TRAINING

Question One

This question asks respondents to identify the training they or other staff had in child sexual abuse prevention and treatment before they started work at the agency.

Twenty-two of the respondents answered this question with a majority of 16 of them having taken part in training about child sexual abuse prevention and treatment as part of their professional training or ongoing professional development before starting work at the agency.

A further 6 respondents had not trained in child sexual abuse before beginning work at the agency.

Question Two

Question two asks if training in child sexual abuse prevention and/or treatment is provided in the workplace.

Twenty of the respondents answered this question with 12 of them stating that training was provided by their agency. Eight respondents did not have training available to them with 3 of this number from smaller agencies pointing out that there were financial impediments or staffing logistics that prevented them attending many of the trainings that were available.

SECTION FIVE - COMMUNITY

Question One

The first question in this section attempted to ascertain what the individuals representing the various agencies and organizations working in this field saw as the attitudes and values regarding child sexual abuse in their local communities.

The majority of respondents identified several related belief systems which applied to the community in which they worked. There was, however, one set of beliefs that was mentioned most often. All but 4 of the 27 respondents felt that there was an aura of secrecy or denial around sexual abuse matters in the community in which they worked.

This was sometimes coupled with shame and guilt on the part of members of the community.

These quotations are typical of the responses where this belief system was paramount in a community.

'Hear no evil, speak no evil! It [child sexual abuse] is a taboo subject so no one talks about it but they know about it...' Alcohol and Drug Worker, NGO (Non Government Organization)

'Our community has historical sexual abuse... There is a code of silence...it is shameful so they don't want to acknowledge it is happening. They feel guilty as they haven't said anything and so allowed it [sexual abuse] to continue.'

Community Worker, NGO

There were also two subsidiary belief systems that almost three quarters of these respondents saw as contributing strongly to the secrecy and denial of child sexual abuse matters. These belief systems were almost equally favoured by respondents. The first of these was the normalization of child sexual abuse and the second and related attitude was a belief in the myths and misconceptions surrounding sexual abuse generally.

One of the myths that was mentioned by several respondents follows in this quotation.

'The community believe men can't help themselves... There is acceptance that men can't be expected to behave any better'.

Social Worker, NGO

A quarter of respondents to this question also identified a state of confusion about information relating to child sexual abuse as a factor in their communities beliefs about this matter. Respondents had observed members of their community who were unsure what to believe about sexual abuse, what to do about it if it had occurred, and who to contact.

A final very small grouping of respondents identified a wide spectrum of attitudes in the community that couldn't be pinned down to any predominant belief system. These attitudes ranged from denial to various degrees of understanding about sexual abuse issues. This quotation summarizes this response.

'Community attitudes to child sexual abuse range on a continuum from "know about it" to "don't know [what to do]". There are misconceptions about confidentiality for example. The safety of a child has paramountcy. You don't have to keep it secret'.

Social Worker, Government Agency

Question Two

Question two asked respondents what they thought the level of understanding was in their community about child sexual abuse.

Three quarters of the responses to this question reflected respondents' beliefs that the subject was not well understood, with slightly more than half of these responses falling into the seriously misunderstood end of the spectrum. Reasons that were given for this lack of understanding included being afraid to dwell on the subject of child sexual abuse and normalizing or discounting it. Several respondents emphasized the general lack of understanding about the serious nature and long term effects of child sexual abuse with one respondent reflecting on a comment she had heard asking 'why doesn't she just get over it [sexual abuse]?'

Just 5 of the 27 respondents felt that there was a reasonable or adequate level of understanding about child sexual abuse in their communities. One of these respondents pointed out that this did not mean that sexual abuse did not occur in the community but rather that people were aware that it did but still avoided acting on their knowledge.

The responses to this question largely echo those of question one with a majority of respondents highlighting what they believe to be a superficial level of understanding about child sexual abuse in their communities.

Question Three

Question three asked respondents what they saw as the current community need in regard to the prevention and/or treatment of child sexual abuse.

All but one of the 27 respondents identified a higher profile for sexual abuse issues and some form of education about sexual abuse as the most pressing need. Five of these respondents developed this idea further by suggesting that education that focused on identifying children whose behaviour indicated that they had may have been abused or witnessed abuse would be useful to their community.

'There is a lack of understanding about age appropriate child behaviour. A sexualized child is thought of as normal. There is no awareness of what the signs are of child sexual abuse'.

Youth Worker, NGO

These quotations are examples of the ideas respondents had to make the delivery of education about child sexual abuse more effective and to raise the profile of the issue in the media.

'Successful survivor stories. We need to use them to explain to a child the difference between love and sex'.

Trustee, NGO.

'We need more in the media about child sexual abuse. But to positive effect like the "It's Not OK" campaign.'

Health Professional, Government Agency.

Eleven of the 27 respondents leaned more toward discussion rather than education, with three of these feeling that children's voices should be more clearly heard in their communities.

In addition to the above suggestions of how to meet community needs, 10 of the 27 respondents also made the point that better co-ordination of child sexual abuse agencies would go a long way toward meeting community needs.

'We need a specific place to co-ordinate disclosures for examination, counselling and so on. A co-ordinating service. There are so many agencies'.

Social Worker, Government Agency.

Question Four

Question four asked respondents to identify a specific group they would like to target if they were communicating with them about child sexual abuse. One respondent did not reply to this question.

The respondents focus when answering this question was overwhelmingly on family groupings. More than three-quarters of the 26 respondents who replied identified a combination of parents and caregivers, parents and children, or children with unspecified adult support, as their target groups.

Respondents who replied this way were fairly evenly divided between those whose primary focus was on reaching the parents or caregivers with messages about child sexual abuse and those who saw parents and children as a cohesive package to be addressed in tandem for more effective child sexual abuse prevention. Four of the respondents who included children in their target group suggested that they could be reached through school programmes that focused on raising children's self esteem and self confidence no matter whether parents were included or not.

Many of the respondents were specific about the information they felt parents and children needed to keep safe from sexual abuse.

‘For parents the message should respond to the question, “How do we keep our children safe?” While for children we need to empower children and young people. They need to be resourced with information especially focused on ownership of their bodies’.

Manager, NGO

‘The main message should be more from the prevention angle with strategies to prevent sexual abuse like, “If it feels wrong tell someone!”’.

Counsellor, NGO

A small number of the respondents targeted family but felt that the wider community had a key role to play in raising awareness about child sexual abuse and in particular acting as support for parents and children.

‘What are we as part of this community doing to help?... Its happening and “Its Not OK!” It’s everyone’s responsibility!’

Team Leader, NGO

Just 3 of the 27 respondents wanted the individuals and agencies already working in the sexual abuse field to be the target of their message. This was related to better communication between agencies working in this field. One of these respondents also felt that this focus would lead to support that is more effective for survivors of sexual abuse in a crisis situation.

Question Five

This question enlarged on question four by asking what the message was that respondents would like to send to a target group. Some of these answers were taken from question four as many respondents explained their ideas very fully in this section.

The over whelming answer to this question was one of education to reduce the incidence of child sexual abuse. The 27 respondents were divided between a smaller group that saw this as an opportunity to assist survivors and the majority of 19 respondents whose focus was on prevention, mostly working with parents.

The first group focused on messages aimed primarily at survivors and their families with emphasis on contact numbers and agency information. This included who to contact if a member of a family or someone from the wider community suspected abuse or was concerned about an adult’s behaviour around children.

‘We need a road map of sexual abuse care, what it is and where to go for help’.

Counsellor, NGO.

Seventy percent (70%) of the respondents took a different approach for their messages. Most of them saw communication between parents and children as key to preventing abuse or dealing with child sexual abuse if it had occurred.

'Trusting and open communication between parents and children. That's it [the message]'

Social Worker, NGO

Other respondents with a prevention focus sought to make parents more vigilant.

'[Parents should] be vigilant. Keep an eye on your kids! Keep open communication. An offender can be anybody!'

Social Worker, Government Agency.

The message that was most often repeated among respondents with a prevention focus though was that of "No Secrets" in the family.

'The main message [to parents and children] should be precise, clear and to the point with no ambiguity. Like "You should never have secrets about child sexual abuse"'

Alcohol and Drug Worker, NGO.

Four respondents specially mentioned identifying offenders behaviour when grooming a victim as a vital message to deliver to parents and the wider community.

"There is a need for education...Some families believe it won't happen to us. There is a misconception offenders are "dirty old men in raincoats"!

Social Worker, Government Agency.

Question Six

Question six asks respondents if there is a poster that has been used in a previous campaign that impressed them.

Just over half of respondents identified the "It's Not OK" campaign posters as being the most effective posters they could bring to mind. Some of this group mentioned the posters in this campaign that featured local identities as being especially significant.

The remaining respondents were almost equally divided between posters used in the following campaigns: Blow the Whistle, Cut down on the Drink, Yeah Right, Road Safety, Mental Health, Stop Smoking and an unidentified campaign featuring positive parenting messages.

Seven of these respondents specifically commented on the effectiveness of posters with a strong emotive content that featured children. Some had seen a poster of this nature and still recalled it some time later while one respondent developed this idea further with her own poster design featuring a child reaching out to a parent for protection .

There were a number of other points respondents raised that they felt were important in any child sexual abuse prevention poster. These included the need for a simple, graphic design where the written information was not confused with the picture or difficult to read. In addition, several respondents would like to see individuals from the whole community represented in picture posters, emphasizing that sexual abuse happen in all ethnic and cultural groups.

POST LAUNCH TELEPHONE SURVEY/ AGENCIES

Q1. AGENCY RESPONSE TO FOCUS OF POSTER. You may recall that when we first talked with you we asked about your communities' attitudes toward sexual abuse issues. In your opinion does the poster address the attitudes you identified and to what extent? For example, a little, mostly, not at all.

Q2 .COMMUNITY RESPONSE TO POSTER. Are you aware of any attitudinal change in the local community as a result of the launch of the poster? If yes, what is the nature of the change?

Q3. CHANGES TO AGENCIES INTERNAL STRUCTURE. Have there been any organizational changes to do with sexual abuse prevention or response within your agency since you took part in the original questionnaire used to create the poster?

Q4. NETWORKING Has the launch of the poster increased referrals or consultation between your agency/organization and other social service organizations? If yes, which organizations?

Q5. CLIENT RESPONSE TO POSTER Have you any information on the Call Sheet that we sent to you with the Poster and Resource Kit?

If Yes, interviewer to fill in call sheet at this end with totals from sheet.

If No, ask has there been an increase in calls about sexual abuse since the launch of the poster? Please give me an idea of the general nature of these calls e.g. current concerns, historical etc.

Q6. RESOURCE KIT How helpful has the Resource Kit been to the agency? Please describe the use you have made of the Kit.

Any other comments?

EXAMPLES OF ARTICLES IN LOCAL MEDIA

URAKI HERALD, JUNE 8, 2012 47

Campaign anti-abuse

A new campaign is being launched by CAPS (Child Abuse Prevention Services) Hauraki next week to get immunities in the Hauraki Coromandel to help stop child sexual abuse – by encouraging people to talk about it.

The campaign will see the distribution of a poster and resources throughout the Hauraki Coromandel. The poster encourages people to help stop sexual abuse and to 'talk about it'.

Campaign leader Rachel Harrison said: "Child sexual abuse happens at the rate of one in three girls and one in six boys and the only way we can stop it is by getting better at talking about it before it happens."

Research indicates that child sexual abuse is less likely to occur where there is open communication about child sexual abuse, including family touching rules, and using the correct names for body parts.

If you are someone experiencing sexual thoughts about a child, or if you are someone who has responsibility for children, there is much you can do to help keep kids safer. CAPS Hauraki staff can talk with callers about their options linking people with other services and prevention information if needed.

CAPS Hauraki general manager Jo Taylor said "the goal of this project is to help prevent child sexual abuse by raising awareness within our community".

"We know that people who sexually abuse children rely on secrecy and people not wanting to talk about it. If we can get our community talking about child sexual abuse and how we can prevent it, we not only let children know it is OK to tell us when something goes wrong but we are actually reducing the chance it'll happen."

Thames Coromandel deputy mayor Peter French and Hauraki councillor Bruce Gordon will be speaking at the launch, which is taking place from 10.30am to noon at the Life Equip Church next Thursday.

Peninsula Press – June 14, 2012 ■ 3

Local campaign to stop child sexual abuse

With child sexual abuse statistics showing that 1 in 3 girls and 1 in 6 boys suffer sexual abuse before the age of 16 in the Waikato, Child Abuse Prevention Services (CAPS) have launched a campaign they hope will highlight, educate and stop this disturbing trend of abuse of the most vulnerable in society – our children.

The campaign will see the distribution of a poster and resources throughout HDC and TCDC regions. The poster encourages people to help stop sexual abuse and to 'talk about it'.

Campaign leader Rachel Harrison says "the only way we can stop child sexual abuse is by getting better at talking about it before it happens."

"If you are an adult survivor of child sexual abuse, it is good to remember that healing is possible" says Rachel. "There is no time limit for reporting child sexual abuse to the Police, or for getting support. ACC subsidised counselling is available for many survivors of sexual abuse and all people have to do is make a call or send CAPS an email to find out about the options available in their region."

For information about child sexual abuse prevention and support please contact CAPS Hauraki 868 8644 or sexualabuseinfo@capshauraki.co.nz

Libraries join move to protect children

Hauraki Coromandel libraries have joined forces with Child Abuse and Prevention Services Hauraki to roll out a campaign aimed at preventing child sexual abuse.

The Right2Safe campaign will be launched later this month and will involve posters, a book list and website list of recommended resources which can be found in Hauraki Coromandel libraries and a resource kit for social services about how to deal with inquiries about child sexual abuse.

Hauraki Family Violence Intervention Network co-ordinator Rachel Harrison said the collaboration with the region's libraries had come about last year.

Library staff have had "disclosure training" in case any victims decided to disclose in them. The launch will be on June 14 from 10.30am at the Life Equip Church, Thames.

1/6/2012
Hauraki Herald

Local campaign to stop child sexual abuse

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For information about child sexual abuse prevention and support please contact CAPS Hauraki 868 8644 or sexualabuseinfo@capshauraki.co.nz



HDC NEWS



This advertisement is authorised by the Hauraki District Council

Local libraries link to protect children

One in three girls and one in six boys in New Zealand will be sexually abused before they blow the candles out on their 16th birthday cake.

With no sign of our shameful child sexual abuse statistics abating, Hauraki District Libraries are collaborating with Thames-Coromandel District Libraries in supporting Right2BeSafe, a CAPS Hauraki, child sexual abuse prevention campaign.

"The numbers tell the story really," says Hauraki District Council Library Manager, Paul Nielsen, "One in three and one in six. This is a real problem in our community. Anything the libraries can do to raise awareness about child sexual abuse and to help people talk about it has got to help."

To help inform and educate communities about this problem, the libraries have put together a booklet of recommended resources to support the campaign's message, "Stop Sexual Abuse - it's time to talk about it." This list is available in libraries throughout both Districts and the resources on it have all been approved by experts in the field.

"We are pleased to be collaborating with Hauraki District Libraries and community agency, CAPS Hauraki, on this important project," says Thames Library Coordinator, Linda Hayfield, "As a result all of the resources on the booklet are freely available in libraries across Hauraki and Thames-Coromandel."

All books on the list will be marked with a special sticker on the spine and the booklet tells you where they are shelved to help you find them easily. Alternatively, library staff will be happy to help and discretion is assured.



Together we can end child sexual abuse - find out what you can do to make kids safer

Booklet available from CAPS Hauraki, Hauraki District Council and Thames-Coromandel District Council

Elected Members' Diary

- Meetings from 9 to 13 July 2012
- Monday, 9 July - Hearings committee
 - Tuesday, 10 July - Ward committees
 - Wednesday, 11 July - Council meeting

DOG REGISTRATION 2012/13

Pursuant to Section 57 of the Dog Control Act 1959 the Hauraki District Council by Resolution of Council on 11 April 2012 fixed the dog control fees for this registration year 1 July 2012 to 30 June 2013.

2012/2013 Fee Scale:

Fee Class/Location	Fee	Fee if paid after 21/07/12
General Dog (entire)	\$75.00	\$112.50
General Dog (de-sexed) ** Vet certificate required	\$60.00	\$90.00
R.O.L. Dog (entire)	\$45.00	Loss of Licence
R.O.L. Dog (de-sexed) ** Vet certificate required	\$30.00	Loss of Licence
Dogs in excess of (3) three	\$20.00	\$30.00
Dangerous Dog (entire)	\$112.50	\$168.75
Dangerous Dog (de-sexed) ** Vet certificate required	\$90.00	\$135.00
Replacement tag	\$5.00	

Found and Miscellaneous Fees:
First fine imposition \$50.00

Development Contributions Policy

The Council recently reviewed its Development Contributions Policy. The new Development Contribution Policy was adopted by the Council on 29 June, 2012 and became effective on 1 July, 2012.

The Council must adopt a Development Contributions Policy in accordance with section 102 of the Local Government Act

A. G. M.
COLVILLE SOCIAL SERVICE COLLECTIVE
Tuesday August 21st @ 12midday

also is looking for new recruits to join in our committed, inspired and valuable trust which oversees the general running and direction of the organisation.

Stop child sexual abuse - prevention starts with us

A child sexual abuse prevention campaign for the Coromandel and Hauraki Regions was launched in June.

CAPS Hauraki General Manager Jo Taylor says "the goal of this project is to help prevent child sexual abuse by raising awareness within our community.

We know that people who sexually abuse children rely on secrecy and people not wanting to talk about it. If we can get our community talking about child sexual abuse, and how we can prevent it, we not only let children know it is ok to tell us when something goes wrong, but we are actually reducing the chance it'll happen in the first place."

Research indicates that child sexual abuse is less likely to occur where there is open communication around child sexual abuse including family touching rules and using the correct names for body parts.

Campaign posters (see right) and resources are available from CAPS Hauraki. A recommended reading list of books and websites is available from TCDC and HDC Libraries and some GPs. Prevention information and support are available from CAPS Hauraki on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz

Find out what you can do to help make kids safer!



Libraries join move to protect children

Hauraki Coromandel libraries have joined forces with Child Abuse and Prevention Services Hauraki to roll out a campaign aimed at preventing child sexual abuse.

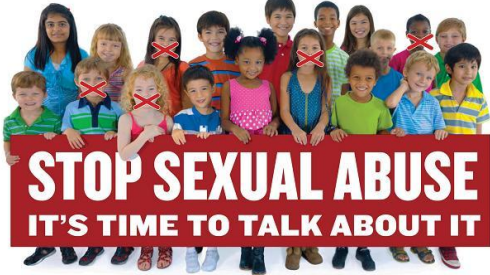
The Right2bSafe campaign will be launched later this month and will involve posters, a book list and website list of recommended resources which can be found in Hauraki Coromandel libraries and a resource kit for social services about

how to deal with inquiries about child sexual abuse.

Hauraki Family Violence Intervention Network co-ordinator Rachel Harrison said the collaboration with the region's libraries had come about last year.

Library staff have had "disclosures training" in case any victims decided to confide in them. The launch will be on June 14 from 10.30am at the Life Equip Church, Thames.

 NUGGETS FOR SCHOOL/ COMMUNITY NEWSLETTERS

Nugget / Week number 1


**STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT**

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

**Together we can end child sexual abuse
– find out what you can do to make kids safer**

Contact CAPS Hauraki (Child Abuse Prevention Service) for free information and support on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz or pick up a booklet from your local library.

CAPS HAURAKI
Parent Support • Counselling and Education

HAURAKI
District Libraries

Thames Coromandel District Council and Hauraki District Council libraries now have a range of recommended books for children, for caregivers, for adults and young people about preventing and healing from child sexual abuse.

Books are free to borrow and a booklist and website list is available from libraries, CAPS and many GP services in Thames / Coromandel and Hauraki.

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 2


**STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT**

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

**Together we can end child sexual abuse
– find out what you can do to make kids safer**

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CAPS HAURAKI
Parent Support • Counselling and Education

HAURAKI
District Libraries

NZ and international research indicates that 1 in every 3 girls and 1 in every 6 boys are sexually abused before they turn 16.

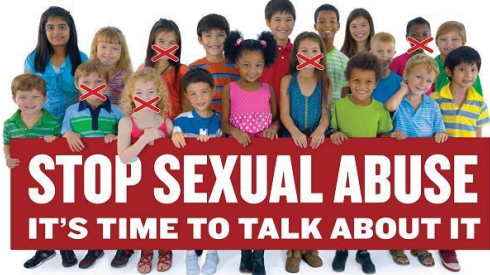
Sexual abuse currently happens in all ethnicities and socio-economic groups.

Everyone can do something to make kids safer.

Contact CAPS (Child Abuse Prevention Services) for information and support on

sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 4



**STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT**

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

**Together we can end child sexual abuse
– find out what you can do to make kids safer**

Contact CAPS Hauraki (Child Abuse Prevention Service) for free information and support on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz or pick up a booklet from your local library.

CAPS HAURAKI Parent Support • Counselling and Education

HAURAKI Coastal • District Libraries

90% of child sexual abuse is done by someone already known and trusted by the child.

Children need to know that they do not have to keep secrets which make them feel scared or uncomfortable - even if the secret is about someone you both know and love.

Contact CAPS (Child Abuse Prevention Services) for information and support on

sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 3



**STOP SEXUAL ABUSE
IT'S TIME TO TALK ABOUT IT**

FACT: 1 IN 3 GIRLS AND 1 IN 6 BOYS ARE SEXUALLY ABUSED BEFORE THEY TURN 16

**Together we can end child sexual abuse
– find out what you can do to make kids safer**

Contact CAPS Hauraki (Child Abuse Prevention Service) for free information and support on 07 868 8644 or sexualabuseinfo@capshauraki.co.nz or pick up a booklet from your local library.

CAPS HAURAKI Parent Support • Counselling and Education

HAURAKI Coastal • District Libraries

Children are always affected by child sexual abuse. What you do as a caregiver is important in their healing. Remember to keep calm, listen and believe them - get support for yourself.

Support is available for children and caregivers to help heal from child sexual abuse.

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 5



In a study of 191 NZ women who were sexually abused as children - 83.1% were younger than 11 years old when the abuse began.

Children can be afraid of telling about child sexual abuse if they think they will be blamed, if they feel embarrassed, if they love the offender and are worried about getting them into trouble, and if they think they will not be believed.

How can you make it 'ok to tell' ?

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 6



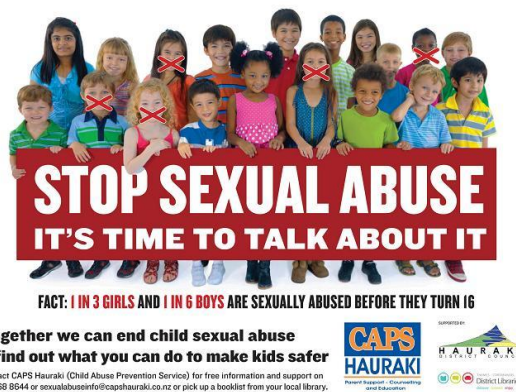
Sexual behaviour between children is abusive if:

- It hurts, frightens or upsets one, or both children
- One child has greater sexual knowledge than the other child
- One child uses force, threats, bribery or coercion in order to get the other child to participate
- One child forces another child to keep the behaviour a secret
- One child does not want to be involved
- One child is bigger, older and more developmentally advanced than the other child.

Contact CAPS (Child Abuse Prevention Services) for information and support on

sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 7



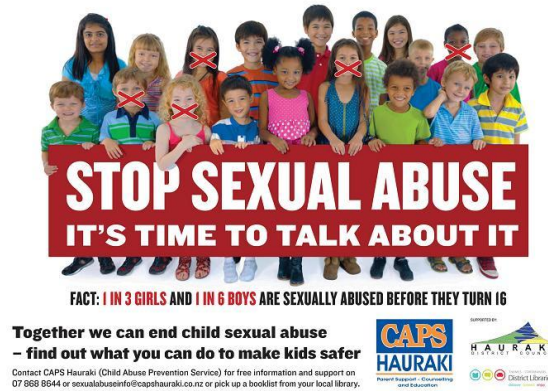
Sexual activity between adults and children is always against the law.

In New Zealand, there is no statute of limitation which means that a victim can report the abuse to the Police any time in their lifetime.

Contact CAPS (Child Abuse Prevention Services) for information and support on

sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 8



Often sexual abusers will seem friendly, charming and nice so everyone will trust him/her and not be suspicious of their behaviour.

Due to the abuser's kind behaviour, the child may not appear scared or uncomfortable with him/her. The child may even appear to enjoy their time with the abuser because of the attention, kindness and caring he/she shows to the child.

Do you know what 'grooming' for child sexual abuse looks like? See http://www.wellstop.org.nz/uploads/downloads/Ending_Offending_Together.pdf for more information about grooming.

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 9



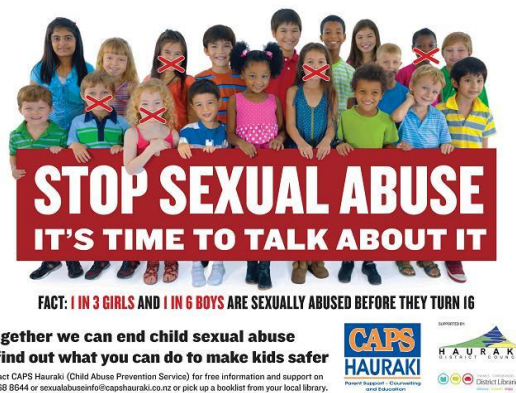
Sometimes children are abused by force and by threat, at other times abusers will befriend and charm children and the adults around them. This is called 'grooming'.

Most child sexual abusers plan carefully to create opportunities to be alone with children (e.g. taking them out for drives, camping or baby-sitting).

See http://www.wellstop.org.nz/uploads/downloads/Ending_Offending_Together.pdf for more information about grooming.

Contact CAPS for information and support on
 sexualabuseinfo@capshauraki.co.nz or 07 868 8644

Nugget / Week number 10



90% of people who sexually abuse children are male, 50% are relatives, and 50% are under 25 years old.

Many abusers are already in relationships with adults.

How are you making it 'ok to tell' in your family?

Contact CAPS (Child Abuse Prevention Services) for information and support on sexualabuseinfo@capshauraki.co.nz or 07 868 8644

LIBRARY BOOKLIST/ WEBSITE LIST

Look for books with this label on the spine.

IT'S TIME TO
TALK
ABOUT IT

If you are unable to find any of these books on the shelf, please ask at the desk for assistance.

We can reserve any of these books for you at no charge.

If you think that a child is at risk of being abused today
CALL POLICE 111

If you think a child has been abused, but is not at risk today
CALL CYFS 0508 326 459

For information about options
CALL CAPS 07 868 8644

Useful Websites

www.rapecrisis.org.nz
www.rasahc.co.nz
www.rapeandabuse.co.nz
www.arcsmanawatu.org.nz
www.stopitnow.org
www.safenz.org
www.sexualabusehelp.org.nz
www.survivor.org.nz (for men)
www.gr8mates.org.nz (for young people supporting their friends who have experienced sexual abuse)

For further help and support contact:



CAPS Hauraki
732b Queen Street, Thames
Ph 07 868 8644

The books in this pamphlet are all *free* to borrow from the following public libraries:



Thames-Coromandel District Libraries
<http://tcdc.govt.nz/Library>

Thames Public Library
503 Mackay Street, Thames. Ph 07 868 6616

Mercury Bay Public Library
22 Victoria Street, Whitianga. Ph 07 866 4776

Tairua Public Library
2 Manaia Road, Tairua. Ph 07 864 7960

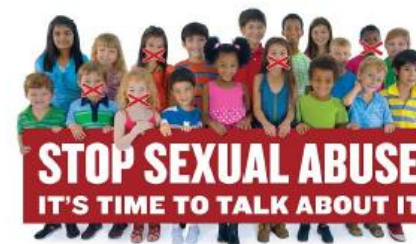


Hauraki District Libraries
<http://library.hauraki-dc.govt.nz>

Paeroa Public Library
Cnr Belmont Road & William Street, Paeroa. Ph 07 862 7194

Waihi Public Library
Seddon Street, Waihi. Ph 07 863 8316

Ngatea Public Library
Plains Service Centre, Orchard West Rd, Ngatea. Ph 07 862 8609



Together we can end child sexual abuse - find out what you can do to make kids safer with this

BOOKLIST

of recommended books for both adults and children.

These books are all *free* to borrow from Thames-Coromandel and Hauraki District Libraries.



THAMES - COROMANDEL
District Libraries
discover connect enjoy

Child Sexual Abuse Recommended Readings

For children

- **The trouble with secrets** by *Karen*

Johnsen.

TCDC Libraries shelved here: Parenting J

Hauraki Libraries shelved here: Family JOH



- **Stay safe : how you can keep out of harm's way** by *Sara Kirsten Nelson.*

TCDC Libraries shelved here: Junior Non-fiction 613.6 NEL

Hauraki Libraries shelved here: Children's Non-fiction 613.6

- **Joey wants to know : a parent-child guide to inappropriate touch** by *Selena Smith.*

TCDC Libraries shelved here: Parenting S

Hauraki Libraries shelved here: Family SMI



- **My body is private** by *Linda Walvoord Girard.*

TCDC Libraries shelved here: Parenting W

Hauraki Libraries shelved here: Family WAL

- **Please tell : a child's story about sexual abuse** by *Jessie.*

TCDC Libraries shelved here: Parenting J

Hauraki Libraries shelved here: Family JES



- **Bobby & Mandee's good touch, bad touch** by *Robert S. Kahn.*

TCDC Libraries shelved here: Parenting K

Hauraki Libraries shelved here: Family KAH

- **The right touch : a read aloud book to help prevent child sexual abuse** by *Sandy Kleven.*

TCDC Libraries shelved here: Parenting K

Hauraki Libraries shelved here: Family KLE



- **It's my body : a book to teach young children how to resist uncomfortable touch** by *Lory Freeman.*

TCDC Libraries shelved here: Parenting F

Hauraki Libraries shelved here: Family FRE



For young people

- **How long does it hurt : a guide to recovering from incest and sexual abuse for teenagers, their friends, and their families** by *Cynthia L. Mather.*

TCDC Libraries shelved here: Teen Non-fiction 362.76 MAT

Hauraki Libraries shelved here: Adult Non-fiction 362.76 MAT



- **I'm still standing** by *Raewyn Severinsen.*

TCDC Libraries shelved here: Teen Non-fiction 362.76 SEV

Hauraki Libraries available via interloan, please ask.

For carers/whanau

- **The carers' pack : The ripple effects of sexual abuse; One path ahead; Understanding sexual abuse** by *Auckland Sexual Abuse Help.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 AUC

Hauraki Libraries shelved here: Adult Non-fiction 616.8583 AUC

- **Hidden in front of us** by *Anthea Simcock.*

TCDC Libraries shelved here: Adult Non-fiction 362.76 SIM

Hauraki Libraries shelved here: Adult Non-fiction 362.76 SIM



- **Ending offending together : all about child sexual abuse, the people who commit it and how to stop it** by *Caroline Witten-Hannah and others.*

TCDC Libraries shelved here: Adult Non-fiction 362.76 WIT

Hauraki Libraries shelved here: Adult Non-fiction 362.76 CYF

- **We can keep safe : a safety education programme for children aged 3-5 years and their parents and caregivers** by *Auckland Sexual Abuse Help.*

TCDC Libraries shelved here: Parenting 613.6 AUC

Hauraki Libraries shelved here: Adult Non-fiction 613.6 AUC



- **Allies in healing : when the person you love was sexually abused as a child** by *Laura Davis.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 DAV

Hauraki Libraries shelved here: Adult Non-fiction 616.8583 DAV

For adult survivors of child sexual abuse

- **Surviving and moving on : self-help for survivors of childhood sexual abuse** by *Kim McGregor.*

TCDC Libraries shelved here: Adult Non-fiction 362.764 McG

Hauraki Libraries shelved here: Adult Non-fiction 362.764 McG



- **Challenged by childhood : healing the hidden hurts of a difficult childhood** by *Kay Douglas.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 DOU

Hauraki Libraries shelved here: Adult Non-fiction 616.8582 DOU

- **Help yourself** by *Dave Pelzer.*

TCDC Libraries shelved here: Adult Non-fiction 158.1 PEL

Hauraki Libraries shelved here: Adult Non-fiction 158.1 PEL



- **The sexual healing journey : a guide for survivors of sexual abuse** by *Wendy Maltz.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 MAL

Hauraki Libraries shelved here: Adult Non-fiction 616.8583 MAL

- **The courage to heal : a guide for women survivors of child sexual abuse** by *Ellen Bass & Laura Davis.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 BAS

Hauraki Libraries shelved here: Adult Non-fiction 616.8583 BAS



- **Leaping upon the mountains : men proclaiming victory over sexual child abuse** by *Mike Lew.*

TCDC Libraries shelved here: Adult Non-fiction 616.8583 LEW

Hauraki Libraries shelved here: Adult Non-fiction 616.8583 LEW



Prevention

- **Ending offending together : all about child sexual abuse, the people who commit it and how to stop it** by *Caroline Witten-Hannah and others.*

TCDC Libraries shelved here: Adult Non-fiction 362.76 WIT

Hauraki Libraries shelved here: Adult Non-fiction 362.76 CYF

- **We can keep safe : a safety education programme for children aged 3-5 years and their parents and caregivers** by *Auckland Sexual Abuse Help.*

TCDC Libraries shelved here: Parenting 613.6 AUC

Hauraki Libraries shelved here: Adult Non-fiction 613.6 AUC

- **Safe not sorry : a handbook for selecting suitable people to work with children** by *Anthea Simcock.*

TCDC Libraries shelved here: Adult Non-fiction 362.767 SIM

Hauraki Libraries shelved here: Adult Non-fiction 362.767 SIM



NOTE: For more books/resources, search the library catalogue using the keyword search "sexual abuse"

Initial spine label



Revised spine label



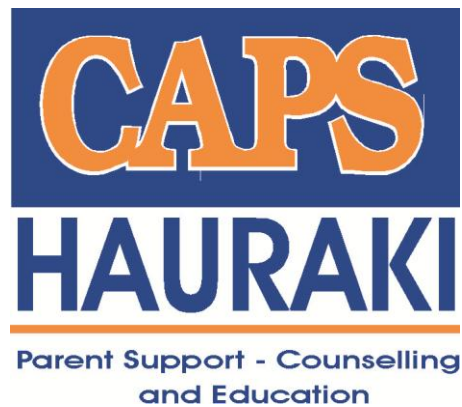
ABBREVIATED RESOURCE KIT FOR WORKERS DEALING WITH CHILD
SEXUAL ABUSE ENQUIRIES (WITHOUT APPENDIX)

Resource Kit for workers receiving calls about child sexual abuse

Compiled by: Rachel Harrison and Joy Arthur

for the CAPS Hauraki Child Sexual Abuse Project – ‘Right to be Safe’.

March 2012



This kit is intended as a guide to help workers when a client calls about child sexual abuse (including calls about prevention, adult survivors and people with harmful sexual behaviors). It is not an exhaustive kit and is not a substitute for quality regular training in sexual violence prevention and intervention.

Thank you to Auckland Sexual Abuse Help, SAFE, Child Youth and Family, and Stop It Now for sharing their quality publications which we have used in this kit.

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Introduction

When someone calls to talk with you about Child Sexual Abuse (CSA), it is an opportunity to offer support and information. You do not have to “fix” the effects of abuse and it is important to:

Listen

Stay calm

Believe them.

You can assist the caller by slowing down your breathing, keeping your voice calm and low and letting them know that it is good they called.

It is important to remember that Child Sexual Abuse is **NEVER** the child’s fault.

A note about getting up the courage to call:

It can take courage to make a call for help/ information. If you are not the person who will be talking through their options with them, *try to put the client through to a clinical staff member* rather than taking the caller’s number and getting someone to call them back.

Definition

Child sexual abuse (CSA) “involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts and non-physical contact – for example, sexual grooming. Sexual abuse may also include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.” (from Childmatters.org.nz)

Vicarious traumatisation

It can be difficult to deal with disclosures of abuse. It is highly recommended that workers have in place self care strategies and seek immediate support from their manager/ supervisor.

Flow charts

This document includes several flowcharts to help you identify options for each type of caller. While there may be a number of different needs a client is calling with, we have separated them into 4 general areas. Please see the table below and access the relevant page for more information.

The level at which the call becomes suitable for a clinical member of staff will need to be decided by the Clinical Leader of the agency. We have suggested when a clinical member of staff should become involved in the first flow chart (below).

Child callers

Sometimes children may call or email for help or information. Please establish rapport, listen to what they say (record any disclosure verbatim), and follow the relevant flowchart. Consultation with your manager is advised where children are at risk.

Please note that it is not recommended that you prompt a child to disclose (don't ask have you been sexually abused). It is ok however to tell them that it is good they called and to ask them how you can help.

Safe now?

Throughout this document the flow chart will ask if the client / child is safe now. When considering safety, please consider:

- Victim safety from perpetrator, from others, from self (suicide)
- Perpetrator safety – consider risk to self and others

When considering safety of the child from sexual abuse (as a general rule)³⁸:

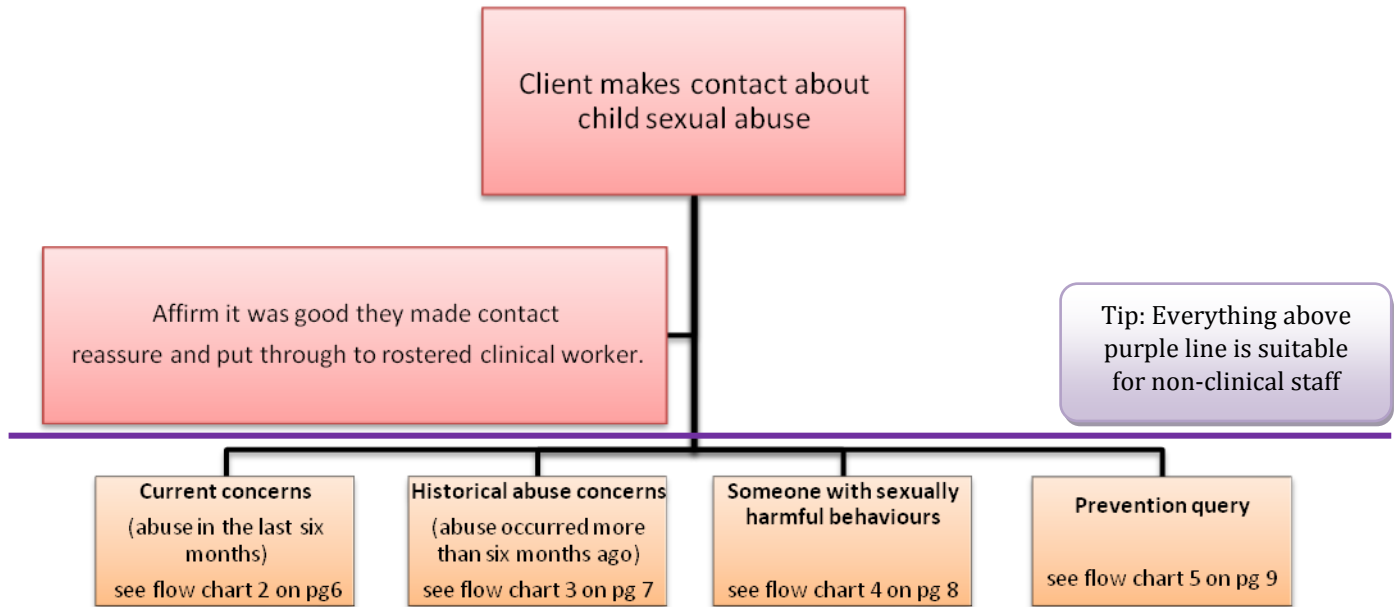
If you think that a child is at risk of being abused today – CALL POLICE 111

If you think a child has been abused, but is not at risk today - talk with your clinical leader / manager and consider calling CYFS 0508 326 459

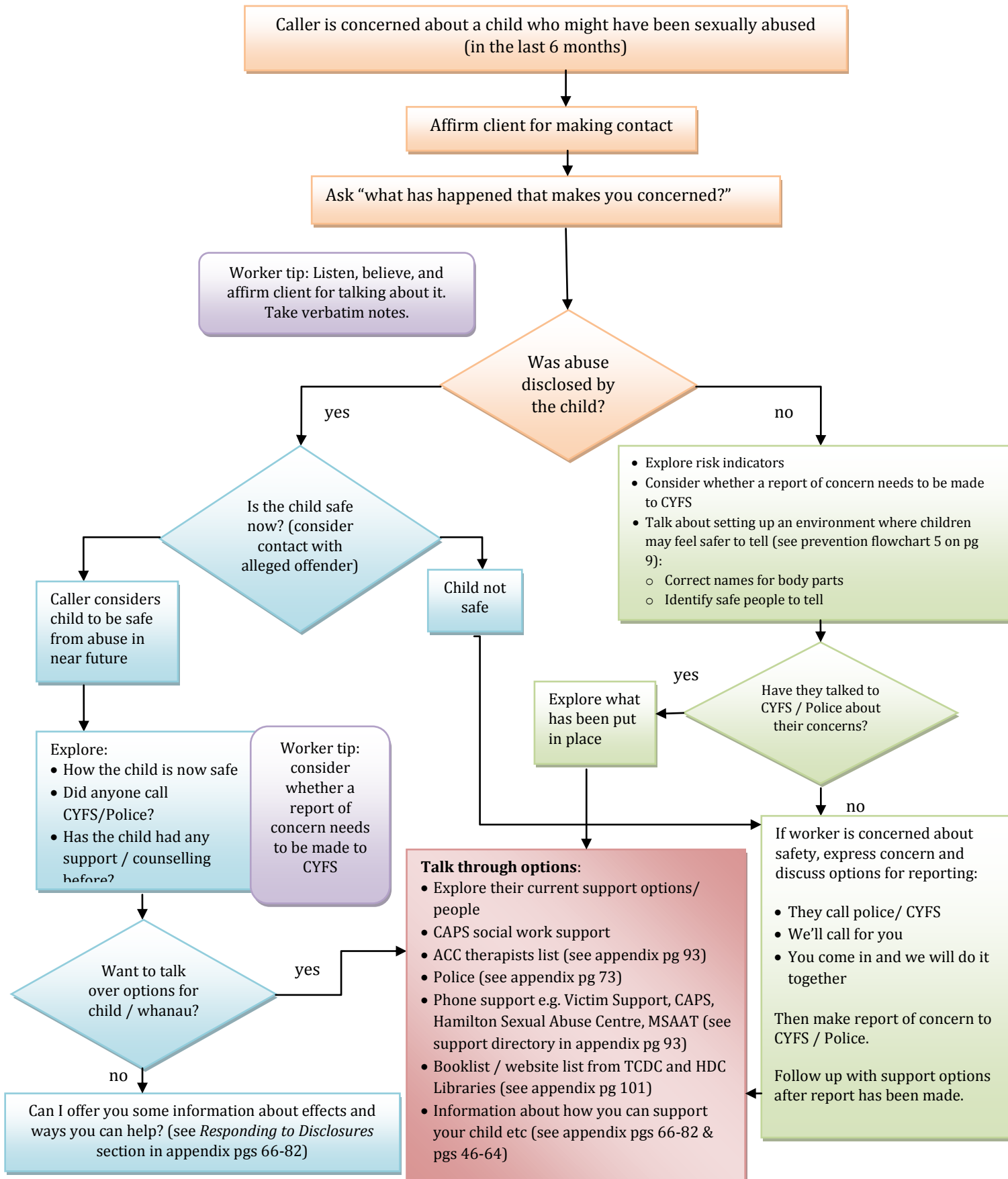
If you don't know what to do or want support for the family, talk with your clinical leader / manager.

³⁸ From We Can Keep Safe – Auckland Sexual Abuse Help 2011

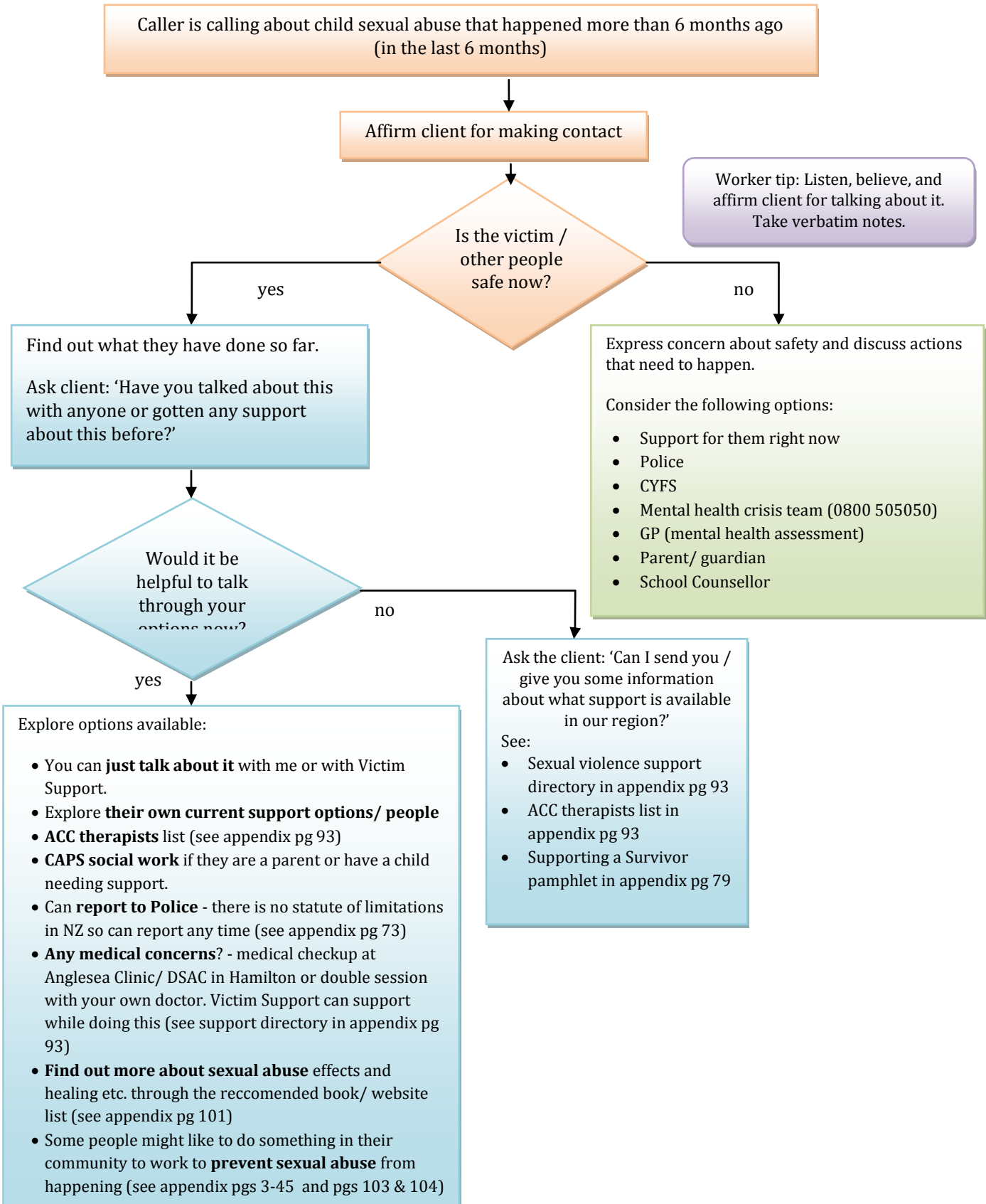
Flowchart 1 - receiving the call



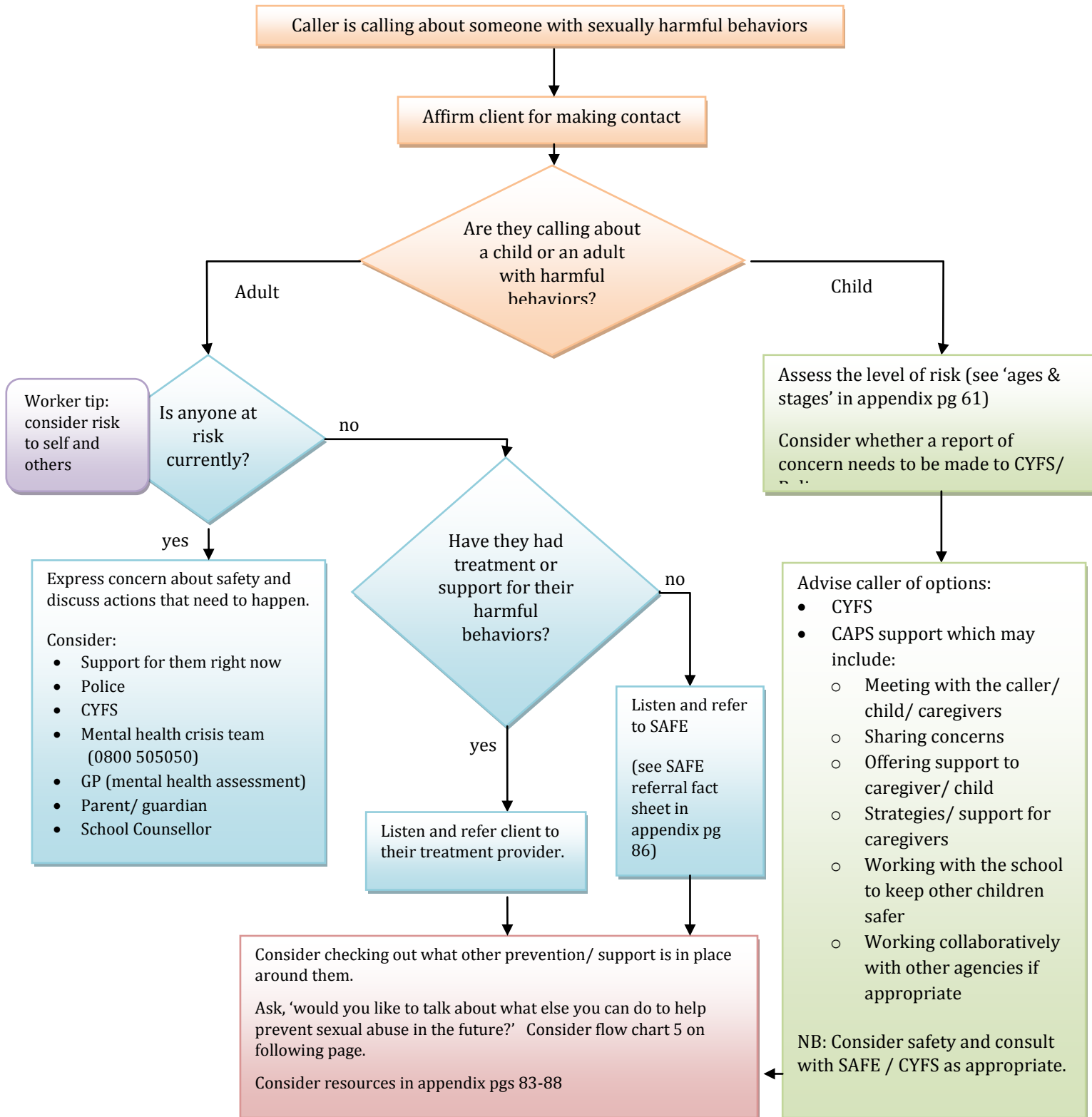
Flowchart 2 - Current concerns about a child



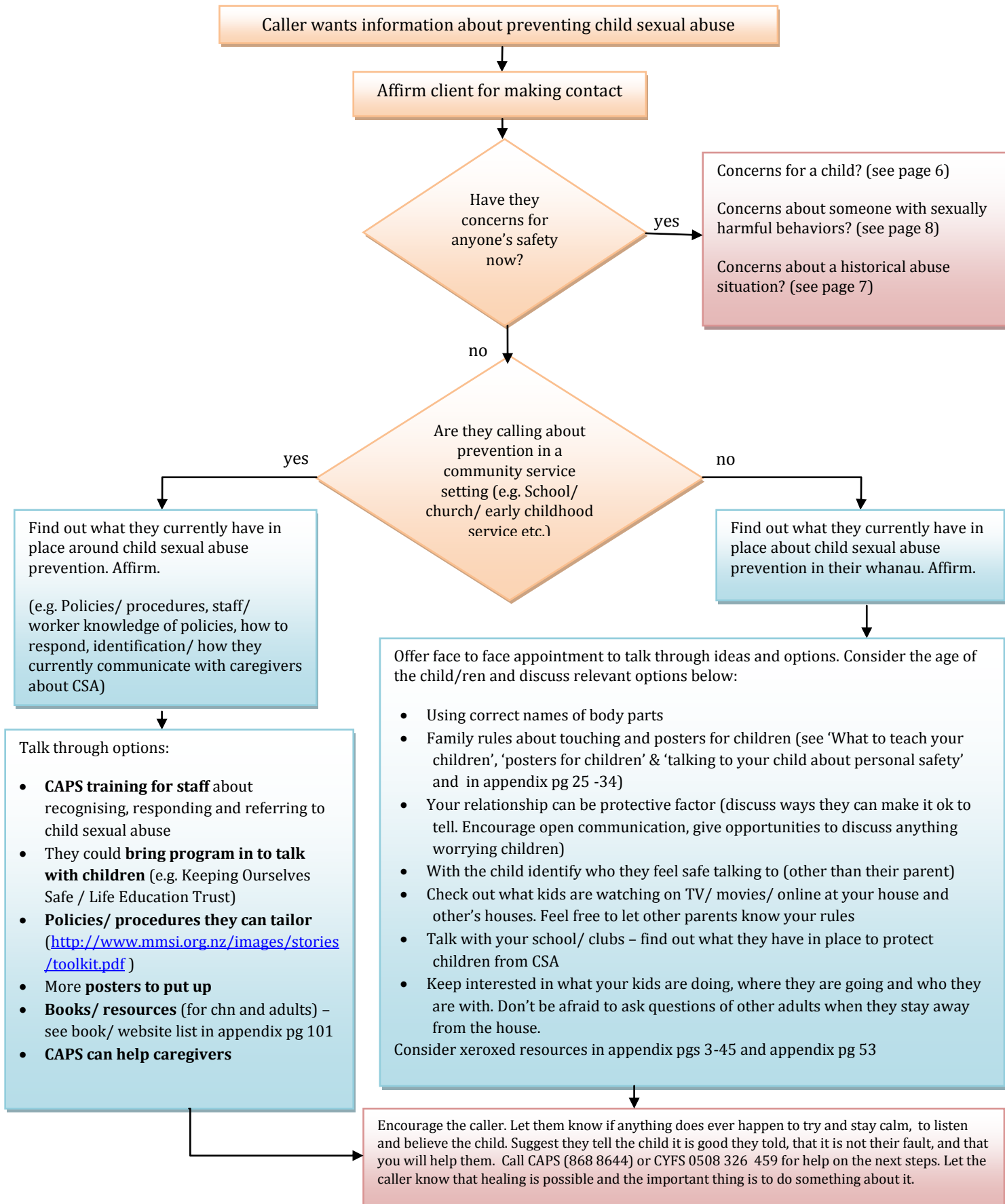
Flowchart 3 – Historical sexual abuse



Flowchart 4 – Someone with sexually harmful behaviors



Flowchart 5 – Prevention of child sexual abuse



Appendices and resources

Prevention

- Minimising risk
 - Baby sitting Appendix page 4
 - Sleepovers Appendix page 4
 - Blended families Appendix page 5
 - Online Appendix page 6
 - After school activities Appendix page 9
- How to prevent Child Sexual Abuse Appendix page 12
- How to prevent Child Sexual Abuse Appendix page 13
- What to teach your children Appendix page 25
 - Touching rules for children Appendix page 26
 - Posters for children Appendix page 28
- Talking to your child about personal safety Appendix page 33
- How do child sexual abusers operate? Appendix page 35
 - Keeping an eye out: Appendix page 39
 - Adult behaviour around children – what’s safe and what’s not
- Grooming Appendix page 41
- ABC guide to safety – working with children and young people Appendix page 45
<http://www.anglican.org.nz/Resources/ABC-Guide-To-Safety2>

Appendix page 3

Has it happened?

- Definition - What is sexual abuse? Appendix page 47
- Indicators of child sexual abuse Appendix page 48
- Children’s sexual behaviour Appendix page 49
- Abuser behaviour – common warning signs Appendix page 51
- For caregivers and protective adults Appendix page 53
- Taking action (scenarios for caregivers to consider what action to take) Appendix page 56
- Ages and Stages: Appendix page 61
 - Age appropriate sexual play and sexual behaviour in children aged 0-12yrs (what kind of behaviour/ indicators might require intervention)
- What to do if you suspect abuse (for caregivers) Appendix page 64

Appendix page 46

Responding to disclosures

Appendix page 66

- How your daughter may be effected by this experience Appendix page 67
- How important is your response? Appendix page 69
(ways to respond to disclosures of child sexual abuse for caregivers)
- One Path Ahead: reporting the abuse/ Assault Appendix page 73
- Supporting a Survivor (supporting adult survivors of child sexual abuse) Appendix page 79
- The Sexual Abuse of Males Appendix page 81

Problematic/ harmful sexual behaviours

Appendix page 83

- What if someone in your family has sexually abused a child in your family (pg 9 ending offending) Appendix page 84
- Teenagers and children who sexually abuse other children Appendix page 84
- Information about adult treatment at SAFE for people with sexual behaviours toward children (SAFE handout) Appendix page 86

Resources

Appendix page 89

- ACC therapists list (Coromandel/ Hauraki regions) Appendix page 90
- Sexual violence support services directory Appendix page 93
- Booklist/ website list (from HDC and TCDC libraries) Appendix page 101
- Policy/ Procedures for schools/ clubs
 - “Toolkit for Safer Children – Schools and Communities” Appendix page 103
<http://www.mmsi.org.nz/images/stories/toolkit.pdf>
 - Ending Offending Together : all about child sexual abuse, Appendix page 104
the people who commit it and how to stop it.
http://www.rapecrisis.org.nz/pdf/Ending_Offending_Together.pdf
- Order form for ASAH pack for caregivers Appendix page 105
(includes The ripple effect of sexual abuse, One path ahead, What is sexual abuse) – these booklets provide information for providing support following a disclosure, information about the effects of sexual abuse along with information about services.